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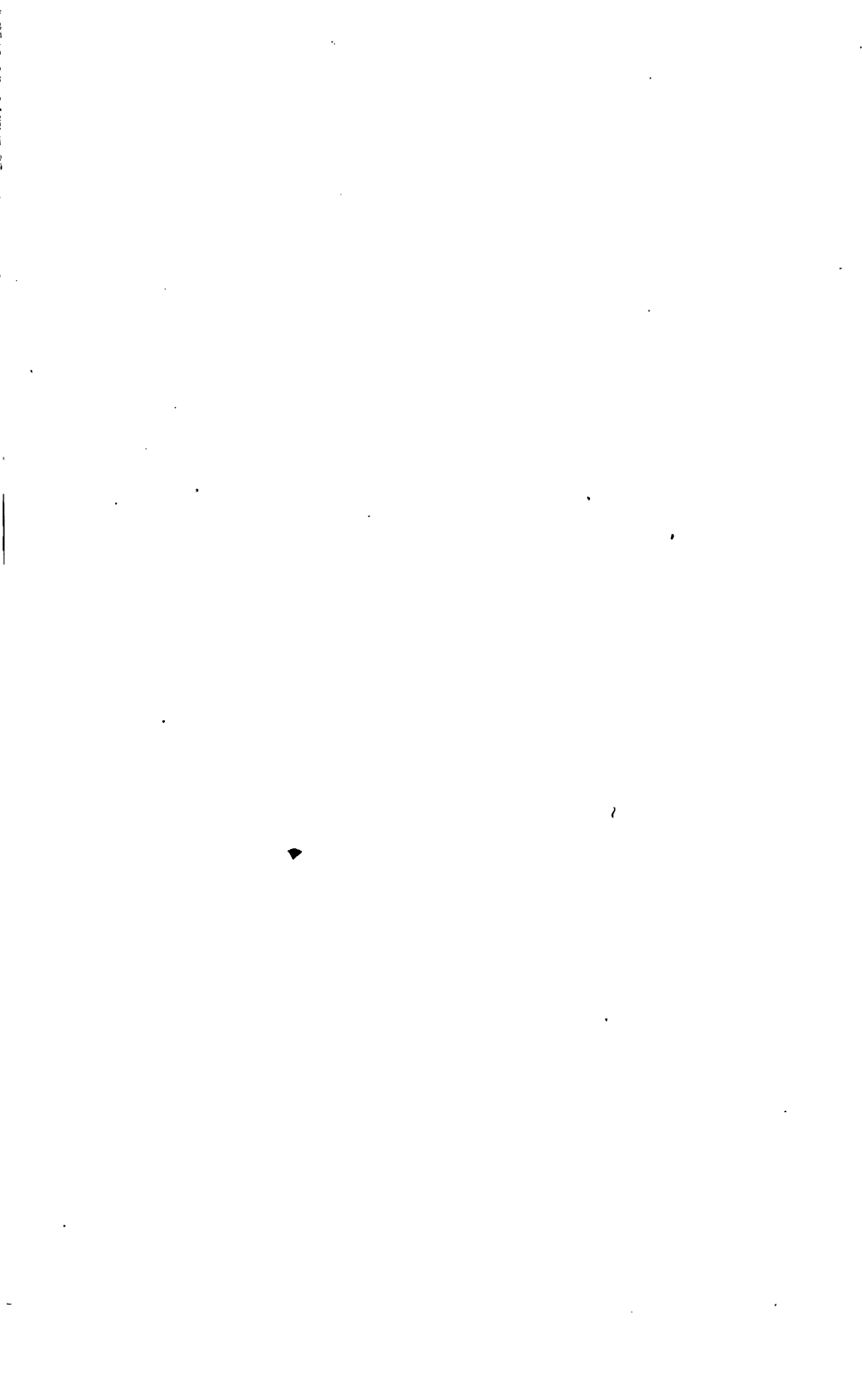
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SAINT JOSEPH

# Medical & Surgical Reporter.

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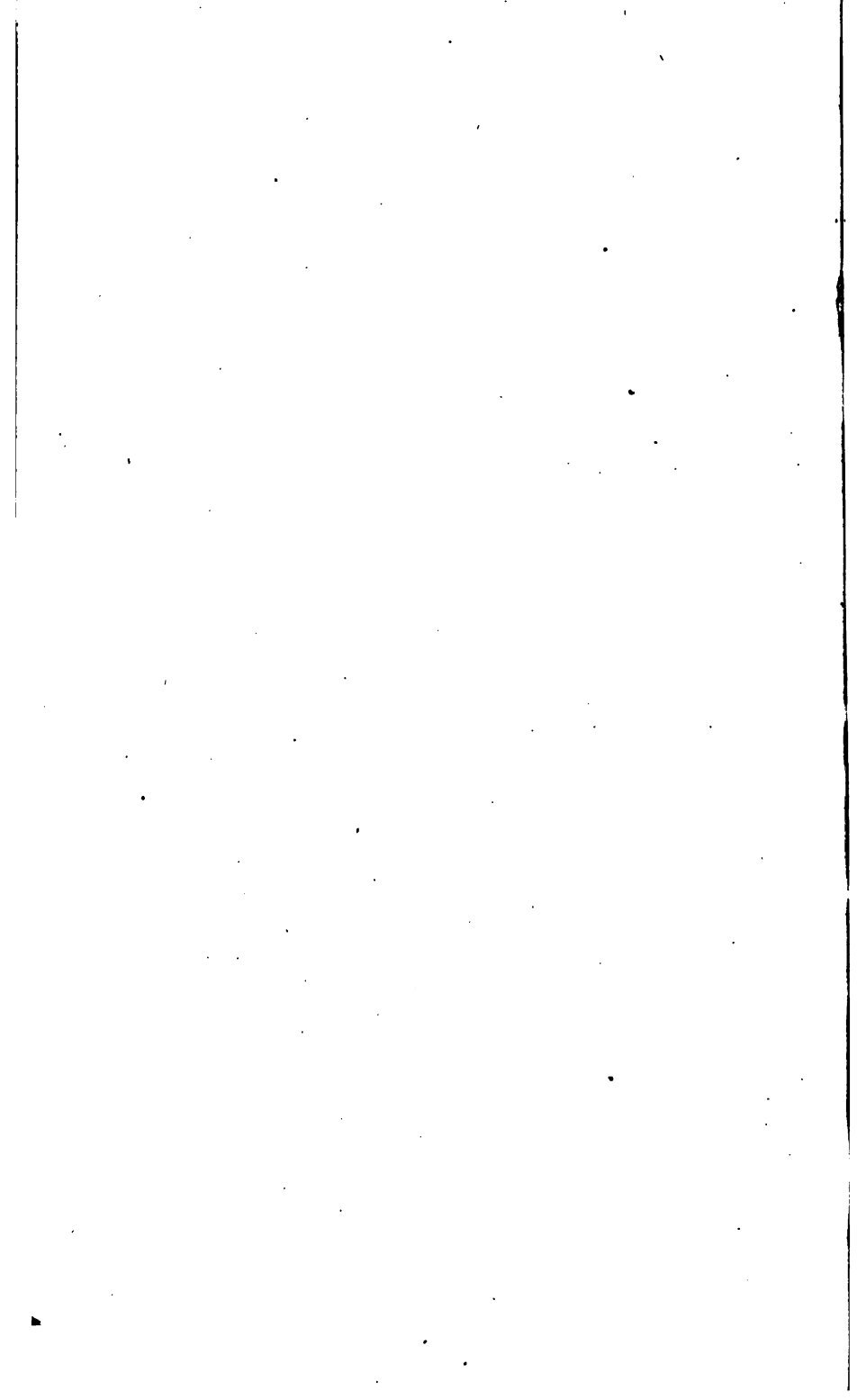
J. P. CHESNEY, M. D., EDITOR.

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VOLUME I.

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ST. JOSEPH, MO.  
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1880





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THE SAINT JOSEPH

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J. P. CHESNEY, M. D.,

*Editor.*

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J. P. CHESNEY, M. D., *Editor.*

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THE SAINT JOSEPH  
*Medical and Surgical Reporter.*

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VOL. I.

JULY, 1880.

NO. I.

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ORIGINAL ARTICLES.

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LACERATION OF THE PERINEUM.

BY PROF. W. H. BRYANT, SAVANNAH, MO.

---

In the opening of this article I will state, that all, or nearly all, of the literature pertaining to this subject, has been contributed during the last ten or fifteen years. Our older authors, when they treat of the subject at all, do so so imperfectly that we are left to infer that they did not regard the accident of frequent occurrence, or at most did not regard it of much importance. It is mainly to the ingenuity and skill of American surgeons and gynaecologists, that women have been rescued not only from ovarian tumors,\* but from urethral and vesico-vaginal fistulæ, an approbrium in surgery to those not far in the past. It is well known that but a few years ago women who were subject of ruptured perineums and vesico-vaginal fistula, dragged out a life of miserable existence, from the hopelessness of securing relief from our art. But thankful to a progressive profession, the merest tyro in our ranks now perform such operations with the highest degree of skill and success. While this is true, I am

free to confess that many cases of laceration of the perineum are yet uncured, from the fact that many females, from motives of delicacy, timidity, &c., carefully conceal the accident, suffering in silence the many evils which it entails.

The causes of this accident may be most conveniently arranged under two heads: First, as to the mother, and second, as to the child. I place instrumentation as a cause out of the question, from the fact that my own personal experience, with a thorough examination of the literature of the subject, all go to prove that a timely, careful and judicious use of instruments are not only innocent of such a charge, but on the contrary, when placed in the hands of those who thoroughly understand the mechanism of labor and extraction, they will prove the greatest protection we have against such accidents.

We should be careful to observe one of Blundell's old maxims. In speaking of the forcep he says he would have engraved on one shank "*cave perines*," and on the other "*arte novo vi*."

The causes relating to the child may be an excssively large head, or the head may occupy a bad position, that is with the occiput posterior. Again in some face cases in mento-posterior positions the perineum is in danger. When the hand descends along with the head, the elbow not unfrequently does the damage. But of all the causes referable to the child, I am satisfied, both from personal observation and a thorough knowledge of the literature of the subject, that the shoulders are pre-eminent in the causation of the accident.

The first author I find to recognize this as a cause is Chaily. Hanore who places particular stress on duly supporting the perineum during the passage of the shoulders, states as his belief that most lacerations occur at this time from neglect of proper support. Baker Brown also reckons the shoulders not to be an unusual cause. More recently Cazeaux has detailed in his treatjes on obstetrics the opinion of Leverett and Jacquemire on the impaction of the shoulders, and gives three cases of his own occurring from the same cause.

Leishman's system of midwifery, in treating of lacerated

perineum, uses the following language : "It is not, as a rule, by the passage of the head that the most serious lacerations take place ; they are often commenced by this, but it is the passage of the *shoulders* which extends the rupture."

Dr. Agnew's article, "Ruptured Perineum," (Pennsylvania Hospital report, 1868,) says : "It is a question by no means clear whether the passage of the shoulders does not often produce the damage ascribed to the head ;" but the most complete and exhaustive article as yet published on ruptured perineum, is from the pen of Dr. Thomas Moore Madden, (fifth volume of American Journal of Obstetrics,) in which he tabulates forty-three cases occurring in his own practice, and gives eleven cases as caused by the passage of the shoulders, sixteen as caused by the head, leaving sixteen for which he attributes neglect of support to the perineum, hand to chin, precipitate labor and forces.

As to its frequency, I believe that a lacerated perineum is of far more frequent occurrence than most physicians are willing to admit.

I have been repeatedly told by men of large experience, that they had never had a case of lacerated perineum occur in their practice. Since securing such assurance from a gentleman who prides himself on his good luck in such matters, I have assisted in the delivery of three ladies, (former patients of his) whose perineums were lacerated to the sphincter ani. When informed of the fact, he expressed himself as being ignorant of its occurrence and even distrusted my statement. For this reason alone—that is lack of ocular inspection—there are hundreds, nay even thousands of cases of rupture to some degree, uncured and even unknown save to those who suffer the infirmity.

From lack of ocular inquiry only, can we understand Dewees when he says in his work on Midwifery, that he never had a case of laceration to occur in his large and extensive practice, and congratulates himself on his success in this particular. To his care in duly supporting the perineum during the exit of the child is this due. A professor of obstetrics, in one of our Southern Colleges, stated not long since, that in a practice extending over twenty-five

years he had met with but one case in which the perineum was torn, and that case was attended by an ignorant old midwife.

Such teaching as this has its influence over the minds of the profession, creating the impression that this is a rare accident, and when it does take place, it is attributed to carelessness, rashness or ignorance, for which the innocent, careful and pains-taking obstetrician is to be held responsible. It is not to be wondered at then that suits for malpractice have been instituted. In one case in an Eastern State a civil suit resulted in a verdict for five thousand dollars damages. In another case, west of us, a criminal action was brought against an intelligent German physician where the perineum was torn and the lady died from puerperal peritonitis. At the close of the trial he barely escaped the penitentiary.

It is a well established fact that there are many predisposing causes for the injury over which the accoucheur has no control, and there are many cases which will tear despite his best directed efforts and skill.

The perineum may rupture to four degrees : First, when the fourchette is torn simply ; second, when the rupture extends to the sphincter ani ; third, when the sphincter ani is torn complete and the vagina and rectum are turned into one cavity ; and fourth, when the head perforates the center, as by a ball, leaving the fourchette and sphincter ani intact. As to the first degree it almost always takes place in primiparia. If I take my own experience, I can say that the second is far from being infrequent. The third and fourth must be comparatively rare. I have never met with such myself, although we frequently read of them both in periodical and standard literature.

The results of this accident are present and remote. If the anterior commisure is alone torn, no evil results follow, unless it be a point for the absorption of septic matter, and endanger the life of the patient from pyaemia.

The second, third and fourth forms of the rupture when they do occur are far more serious than the first. They may, as in the first, be the starting point for septicaemia ; and again,

very serious hemorrhages have resulted from rupture of the second degree.

But still there is a greater calamity, before which all others sink into insignificance. The falling down of the pelvic viscera, entailing irritability of the bladder, dragging sensations in the loins, inability to walk without great inconvenience, incontinence of intestinal gases and feces, entail an infirmity which drives into seclusion those who suffer from the worst examples of it. To secure a patient from so dreadful a prison-house, ranks among the noblest achievements of modern surgery.

Among the older authors support to the perineum was an established law and never to be neglected. But with recent teachers, there is a great difference, not only as to using support at all, but what constitutes support. Some deny that any kind of assistance is necessary, and that in many cases it is positively injurious, while others of equal authority urge that support should never be neglected.

Among those who deny that any such precaution shall be taken, may be named Sacumb, Faust, Wyand, Tyler Smith, Pinel, Grand, Champ, Danyon, Graily Hewitt and Swayne. Shroder and Stein virtually agreeing with them, as they advise the insertion of the finger into the rectum to guide the head in the proper direction. On the other hand, Von Siebold takes occasion to contradict and expose these views. We may mention others of the supporting class—Schauffler, Lidel, Stark, Burns, Madden, &c., the last of whom, heretofore referred to for his most excellent article in the American Journal of Obstetrics. He, while strongly advocating support and frequently referring to it, yet, strange to say, fails to indicate what he means by support. There is another class who teach and recommend incision to be made *laterally* when rupture seems inevitable. Among these may be mentioned Michaels, Siebold, Blundell, Paul Dubois, Hanore, Simpson, of Edinburg, and Penrose, of Philadelphia. I should have mentioned in the proper place that Shroder in his most excellent manual of midwifery advises position alone—that is, on the side, sitting, or kneeling posture.

To sum up, we have those who demand support of any

kind; others who recommend incision; and again those who rely on position. Those who recommend direct support are not agreed as to what kind of assistance shall be rendered. Some recommend the naked hand, others that the hand shall be covered with a napkin; again there are those who direct the hand to be applied horizontally, and again perpendicularly; some direct the fingers to the anus, while others apply them to the vulva,—while there are not wanting those who attack this important structure with the knuckles, covered and uncovered. Thus we see from the literature on this subject, do what we will, or do nothing, yet there is plenty of good authority for our action.

Amid so much confusion and disagreement, I hope you will pardon me for making a few suggestions claimed to be my own. As heretofore indicated in the beginning of this essay, I believe that the forcep, judiciously handled, will prove the best preventative as to the head; with that instrument we can regulate its transit so as to allow crowning to take place. I also direct the patient to cease bearing down, as we have learned from the toko-dynamometer that the auxiliary muscles furnish three-fourths of the power or expelling force. When the forceps are not used, I press on the advancing occiput so as to avoid anything like precipitancy, while with the thumb and finger of the unemployed hand I press the perineum forward. I prefer this to Dr. Goodell's plan of introducing the finger into the rectum and pulling it forward. Should the perineum bulge out in undue proportion and at the same time the astium-vaginæ remain small and rigid, I would not hesitate a moment, but make lateral incisions; for under such circumstances nothing else will save it.

My method of assisting the shoulders is, as soon as the head is delivered I elevate the head so as to cause the neck to press close up under the arch of the pubis, thereby enabling the posterior shoulder to escape first; at the same time I introduce one or two fingers into the vagina, and forcibly press back the posterior commissure to the coccyx, thus preventing the shoulder from hitching over and dragging through the perineum.

When we come to the treatment of this accident, we find

there is still a great diversity of opinion. Some advise that an operation be performed immediately, and I believe that this class, at the present time, are opposed by only a few. In fact the immediate operation is now pretty generally recognized as the best. To be successful, the operation must be performed within an hour of the occurrence of the injury ; therefore I carry with me to every case of labor, needle, wire and shot, so that if any accident should occur I am prepared to treat it on the spot. Operating at this period gives little or no pain, as the parts are so benumbed that the passage of the needle and wire is scarcely noticed. So then, if the operation should fail (as I have had it to do in three instances) we have lost scarcely anything, as the trouble to do it is as insignificant as the pain. All that is necessary after the stitches have been made, is to tie the legs together, and use some carbolized washes and injections to insure perfect cleanliness. In from fifty to sixty hours I remove the stitches by cutting with a scissors one side of the wire, when they are easily and painlessly removed.

The conclusions to be drawn from the foregoing are about this : While almost all are agreed that some kind of interference is necessary, yet they disagree as to the kind of assistance to be rendered. Again, most all modern authorities regard the accident as of more frequent occurrence than our predecessors are willing to admit. And so far as I have been able to learn, the opinion seems to be unanimous for the immediate closure (with silver suture) of these rents, for the two-fold purpose of securing union by first intention, and for preventing septic absorption.

## CEREBRAL ANÆMIA OF INFANTS.

BY F. A. SIMMONS, M. D., OF ST. JOSEPH, MO.,

*Prof. of Diseases of Nervous System, &c.*

This is a condition that is seldom written of, or prominently brought to the notice of physicians by authors on diseases of children. The season is at hand in which so many depressing agencies are brought to bear upon infantile life, especially in cities, as causes leading directly or indirectly to cerebral anæmia—a malady which destroys so many lives during the hot months of summer, and is so frequently mistaken for some other condition that it will be well now to study afresh the most important points in its etiology, symptomatology, diagnosis, prognosis and treatment. Its pathological manifestation may be clearly and forcibly given by stating that *it is a bloodless condition*. The meningeal vessels are empty and collapsed; the pia mater is thin and transparent; the ventricles generally have a quantity of serum in them; the brain substance is of a dull white color, and when cut presents but few, if any, puncta vasculosa; the gray resembles the white so much that it is scarcely definable.

Poisonous doses of belladonna, chloroform, ergotine, nicotine and compression of the carotids will produce cerebral anæmia rapidly, followed frequently by convulsions. The slower causes effecting the infantile system, especially at this season, are insufficient nutrition; unhealthy food; foul air; a lack of out door exercise; diarrhœa, and all debilitating agencies of whatever nature that produce a loss and impoverished condition of the blood.

The *symptoms* in the first stage are increased bodily temperature, irritability, hot head, the pulse weak and rapid, respiration diminished, sleep disturbed and interrupted by cries and moans, bowels irregular, the stools deranged, the abdomen tympanic. If not relieved in this stage, the child soon passes into the second stage, or stage of depression. In this the skin is cold, the face very pale; the ears translucent,



the features relaxed and haggard, the eyes are half closed, the pupils are dilated and do not readily respond to light, the special senses are very obtuse, the respiration becomes slower and slower, collapse and utter helplessness follows.

In the *diagnosis* it is important to differentiate this condition from cerebral congestion and from inflammation. If the child has been subjected to debilitating influences—and if the symptoms above enumerated are present, and if there is no fever, no strabismus and no irregularity of the pulse, we may safely conclude that it is anæmia. A reversal of the conditions given in the symptoms are favorable prognostic indications. Lowering of the pulse, a more natural and regular respiration, increased sensibility of the pupils to light, closing of the eyelids, increased warmth of the skin, a better appearance of the features and a greater interest taken in surrounding objects. Increased coldness of the skin ; sunken eyes ; coma ; a rapid, thready pulse ; irregular, intermittent, sighing, and, finally, rattling and noisy breathing, are a pretty sure indication that death is fast approaching.

*Treatment.* Reverse all the debilitating causes if it can be done, give plenty of nutrition, fresh air, stimulants, a few drops of brandy or whisky, or aromatic spirits of ammonia, opiates, sub nit. of bismuth for diarrhœa, &c. If the diagnosis is correctly made the treatment is plain.

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## Canthoplasty in the Treatment of Granular Lids, with Report of Case.

By J. W. HEDDENS, M. D., ST. JOSEPH, MO.

James B——, aged 14 years, says he has been troubled with granulated lids and weak eyes for about two years; that the granulations had been cured several times, but that they always returned. I noticed, on examining his eyes, that they were unusually small—or more properly speaking, that the lids were unusually short—the distance from the external to

the internal canthus not being as much as it should be, and that they were not easily everted. The lids were covered with papillary granulations and the vessels of the conjunctiva were prominent and engorged. I treated him for several weeks with astringents, and succeeded in removing the granulations, and thought I had established a permanent cure; but the patient returned in seven weeks with both eyes as bad as when I first saw them. At times he had spasm of the orbicularis muscle. Thinking that the small opening between the lids was the cause of the tardy cure and the source of irritation I thought it proper to perform the operation of canthoplasty, which I, assisted by Dr. C. G. Hubbell, did in the following manner: We cut open the external commissure to the bottom of the conjunctival cul de sac—the cut being about six lines in length, and then putting the canthal ligament on the stretch we divided it to the orbital margin; we then fastened the conjunctiva to the skin by means of several interrupted sutures. After removing the sutures the granulations were soon removed under the influence of astringent applications. The spasm of the orbicularis was entirely relieved and the chronic engorgement about the eye rapidly disappeared. They have remained in this condition ever since.

This operation, I think, would prove beneficial in many instances, especially where the opening between the lids are small, or where there is spasm of the orbicularis, and there most always is to a greater or less extent. In this case I think the affection was kept up, if not produced, by the short lids producing undue pressure upon the eye ball. The operation acts simply by relieving the pressure. Where there is simply spasm of the orbicularis, the operation might be modified by cutting through the commissure and keeping the divided edges from healing by means of a pledget of lint, until the affection is removed.

This patient now has large, fine looking eyes, while previous to the operation his eyes were small and squinty, thus showing that it is not really the size of the eye, but the size of the opening between the lids that gives to the eyes the appearance of being large or small.

## Impermeable Stricture of Membranous Portion of the Urethra with Urethral and Cystic Calculi.

By JACOB GEIGER, M. D., ST. JOSEPH, MO.,

*Prof. of Surgery in the College of Physicians and Surgeons.*

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J. W——, white, American, age 38 years, contracted gonorrhœa sixteen years since, resulting in organic urethral stricture. Some two years afterwards he was suddenly seized with retention of urine, a physician was employed, several attempts were made to catheterize the bladder which finally proved successful ; a few days later perineal abscess was developed, infiltration of urine into the scrotum, resulting in sloughing; this at once led to the conclusion that false passages were produced. The patient partially recovered from these complications, and was treated from time to time with the bougie for the relief of his stricture. The last two years his health began to decline, chronic cystitis was established, which was rapidly carrying him to his grave ; he became bedfast ; the pain and spasm of the bladder increased daily ; he again suffered from retention with uræmic symptoms. By this time he was so completely prostrated that his physicians and friends despaired of his life.

I was sent for to see patient last March. Upon my arrival I found him very much prostrated and not in a condition for an operation ; the bladder was full of urine, tenesmus very great, every little while a few drops of urine mixed with pus would pass ; I was unable to introduce even the smallest filiform bougie.

Alkaline diuretics with mucilaginous drinks were administered, warm poultices applied to the region of the bladder, and anodynes given freely ; patient was supported with beef tea and brandy, and in a few hours he passed considerable urine, and reacted slowly. I left the patient, and instructed the physicians in attendance to inform me of the condition of the patient from time to time, and promised that as soon as his condition was more favorable I would operate upon him.

About three weeks later I was again sent for ; I found no decided improvement in his condition ; he was very anxious to have an operation performed. My diagnosis of the case was chronic cystitis with hypertrophy of the prostate and stricture of the membranous portion of the urethra.

The patient was chloroformed, placed upon a table in the lithotomy position. Several unsuccessful attempts were made to pass a guide through the stricture. A well grooved lithotomy staff was introduced as far as the stricture, an incision was made in the median line immediately back of the scrotum, and the urethra thus opened in front of the stricture. I carefully searched my way with a fine probe-pointed director, but utterly failing to find the orifice of the stricture, I made several successive strokes with scalpel through the cicatricial fibrous mass. After cutting my way in the median line for a distance of about one inch, the point of my knife felt a hard substance. I freely cut down upon this body, which proved to be a urethral calculi about twice the size of an ordinary pea ; I at once introduced the lithotomy staff, which could now be carried with ease to the bladder. I divided the balance of the urethra posterior to the stricture and dilated the prostate with my finger ; soon as the bladder was reached I discovered a stone, which was easily removed with proper forceps. The stone was a tripple phosphate about the size and shape of a large almond. The bladder was washed out thoroughly with warm carbolized water and patient placed in bed and one-fourth grain morphia administered hypodermically ; a number 16 steel sound was ordered introduced next day, then every third day,—the patient otherwise treated as for lithotomy. The wound closed entirely in three weeks, the stricture appeared cured, the spasms of the bladder with all the other disagreeable symptoms have disappeared, the patient is out upon the streets, and says he is as well as anybody.

The operation was performed at the patient's home about one hundred miles from St. Joseph ; the after treatment was carried out by Dr. C., the family physician, to whom I am under many obligations.

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SCISSORS.

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**TRANSMISSION OF HYDROPHOBIA FROM MAN TO RABBITS.** M. Raynaud inoculated a number of rabbits with the saliva and blood of a hydrophobic patient on the day before death. The inoculations of blood gave negative results; the inoculations of saliva, however, were followed by rabies in a relatively short space of time, at most a few days. M. Raynaud also extirpated the submaxillary glands of two rabid rabbits and inoculated them on two healthy rabbits; the results were equally positive, that is to say, the inoculations were followed in a short time by the symptoms of rabies. No reliable case of the transmission of rabies from man to man has yet been recorded, but M. Raynaud thinks that after his demonstration of the possibility of its transmission from man to rabbits, it is fair to conclude that the results would be identical in the case of man if accidentally inoculated.—*Le Progres Medical*.

**MEDICAL CHARITY AND WHAT COMES OF IT.**—"Having, in a long time practice, both from choice and necessity, done a great deal of gratuitous service, I have yet to find a single case where my charity work was appreciated. Those who pay nothing always offset it by liberal abuse, which keeps away those who would pay. Your charity case may be a worthy man, but if you were making a struggle to build a house, would he work for you at reduced rates (or for nothing)? It is the doctors themselves, who allow their kind feelings to overrun their judgment, that are responsible for this wholesale robbing to which every doctor in this land is subjected. We deal with the most afflicted; so does the undertaker, who is not expected to work for nothing. We can maintain no rights that we weakly yield to extortion.

"The doctors are most universally regarded as rich persons who ride about for exercise, and practice for philanthropy, to be paid if everything turns out lovely; if not, they can go to the d—l, and must not complain. The people who pay are always grateful; the thieves are like other dead-beats,

abusive, and always most exacting and querulous. . . . If the patient cannot pay for what might save his life, his friends or the public should. It is easier for the town to shoulder the cost than two or three poor devils who had the bad luck to study physic. Now or never is the time to put ourselves on the same footing with other business, and, as we have the same losses, we must ask for the same gains."—*Canada Lancet*.

GERMAN THERAPEUTICS.—There is strong reason to believe that the modern treatment of disease in Germany has greatly deteriorated since the days of Niemeyer. Theorizing, histology, and diagnostic refinements have taken the place of the effort to cure disease by rational empiricism. Witness the next to worthless therapeutics in *Ziemssen's Cyclopaedia*. A Vienna correspondent in the *Canada Medical and Surgical Journal* gives some striking statistics. In Bamberger's clinic, of twenty-seven cases of pneumonia seventeen died; twenty-four per cent. of all cases of typhoid fever die; facial erysipelas is "frequently fatal," etc. We do not believe that the case-book of the average American physician shows anything like this mortality, and our city hospitals certainly do not. It looks as if medical science in Germany was running to seed. *New Orleans Medical and Surgical Journal*.

GONORRHOEA IN YOUNG CHILDREN.—(From the *Obstetric Gazette*.) You remember the case where a certain minister applied to a prominent physician for advice about his condition, which on careful investigation was found to be gonorrhœa. After discussing the matter, he asked the physician if such a disease could not be contracted in a water closet. The physician after looking at him intently for little while replied: "Certainly, but it would be a confounded inconvenient place I should think." I was reminded of this very forcibly by a case which may be of interest to some of your readers.

A large, dark complexioned, well fed German applied to me some time ago for relief from a severe clap contracted in the usual way. He was a hard worker and a high liver, which may have made the poison more virulent. But will

say nothing of him nor the orchitis which followed, but will tell you about the next one. About a week after I saw him, his wife rushed into the office heavily veiled, crying, bringing a child nearly three years old with her. She could not cry in English, but talk she finally did, and she was scared white. After great trouble I examined her child, and she had just as bad a clap as her father could have. I comforted her mother with the assurance that it would neither kill her nor disfigure her for life. She left and I went to hunt the man up. He said the only possible place was in the necessary, as he had not been careful before seeing me and had perhaps soiled the seat. Now, the tight drawers of the child has very likely rubbed the parts till they have been denuded of epithelium and sitting down on the seat used in common by them all produced the inoculation. A few days after another daughter past four years was brought me in the same condition, and of course the mother was easily convinced that if the child could get it from a privy seat why not a man, and peace again prevails in the household. The wife was not inoculated. She was enciente and did not use either the necessary or the unnecessary at the time stated. M. H. ALTER, M. D.

KITTANNING, Pa., April 19, 1880.

INTRA-UTERINE MEDICATION.—Despite what may be or has been said against the safety of uterine medication, with continued experience and improved methods, we shall certainly continue this plan of meeting certain obstinate conditions of the uterine cavity. At the meeting of the British Medical Association, last August, our distinguished countryman, Dr. Battey, of Georgia, read a paper presenting his mode of intra-uterine medication with a solution of iodine and carbolic acid, to which he has given the name of *iodized phenol*. Dr. Battey's paper is printed in full in the *Virginia Medical Monthly*, current number, and from it we condense. This solution is simply a concentrated solution of iodine in carbolic acid, and Dr. Battey does not consider it at all a chemical compound. In his experiments he prepared an *iodized phenol* of various strengths—one drachm, then two, then three and four drachms of iodine were found soluble in an ounce of

glycerine. He says: "The last and strongest solution proved to be decidedly escharotic in its action upon the tissues, and especially upon the heterologous growths of low vitality, and has been much used by the writer for attacking uterine cancer—more particularly to supplement the curette. The standard solution employed in intra-uterine medication consists of one part by weight of iodine dissolved in four parts of liquified carbolic acid." At first Dr. Battey employed glycerine to dilute the phenol, now he uniformly employs the solution in full strength. Any of the usual forms of applicator wrapped with cotton wool will serve sufficiently well for the application. Dr. Battey uses a slender, elastic hard-rubber probe, of which he is provided with several ready for use, with the cotton wrapping for each. We quote now in full his remarks upon his method of application, with the results he has observed.

*Mode of Application.*—The writer selects six or eight of the elastic probes; he then breaks off from the lap of cotton four or five inches of its length, and with his fingers splits it into several fasciculi of such size as when wound upon the probes will enlarge them to a desired thickness. The end of a probe is moistened slightly, and the fasciculus of cotton wound spirally upon it. The cotton around the probe is now dipped into the iodized phenol, any redundancy allowed to drip away, and the probe passed into the uterus with a slow, spiral movement as it advances. At first, the probe is introduced but half an inch, the effect noted, and the probe advanced to the internal os, if deemed advisable, and then withdrawn. Here, upon a first treatment, the care rests, to note the tolerance of the uterus for the remedy. At subsequent treatments, the probe may be carried to the fundus, and the first probe is followed by a second, and even a third or fourth, if well borne. The remainder of the wrapped probes are employed for wiping off the cervix and vaginal wall, if any of the phenol should have touched these tissues. The energy of the application is regulated by the size of the wrapping, the depth to which the probe is passed, and by the number of probes used. When a very decided impression is to be made, a backward turn is given to the probe in its with-



drawal, so as to leave the saturated cotton in the uterus, there to remain twenty-four hours, and often until it is spontaneously expelled. The application is renewed every four or fourteen days, according to the energy of the treatment; in general, once in seven days is sufficient.

The writer has abandoned the use of sponge-tents in connection with the treatment set forth. When dilatation is required, he employs the cotton-wrapped probe, twisting it firmly into the canal by the spiral movement above indicated, and reversing the movement, the probe is withdrawn, and a soft cotton tent remains in the uterine canal. The dilating power of this is notably less than the sponge, but nearly equal to sea-tangle, and it is believed, entirely safe.

*The Results.*—1. A perfect removal of all cervical mucus, which is promptly coagulated, and comes away adhering closely to the cotton. The probes subsequently passed bring the remedy directly in contact with the diseased membrane. 2. Always comparative, and frequently entire freedom from pain. This is a marked feature of the method, and in striking contrast with former experience. Carbolic acid is a local anæsthetic, and so numbs sensibility as to make the energetic application of iodine for the most part devoid of pain. 3. The iodine is so rapidly absorbed by the uterus, that the patient remarks its metallic taste in the mouth and throat usually in five or ten minutes after the application. 4. Softening, and more or less dilatation of the os and cervix. 5. Temporary arrest of leucorrhœa. 6. Watery discharge, sometimes bloody. 7. Exfoliation of the superficial layer of the membrane, which comes away in shreds, and sometimes entire, resembling thin glove kid. 8. Abrasions of the os heal promptly. 9. Disappearance of indurations of the uterus. 10. Permanent arrest of leucorrhœa. 11. Villosities of the endometrium are removed without resort to the curette. 12. Sub-involution of uterus disappears. 13. The menses become regular and healthy; menorrhagia and scanty menstruation, as well as dysmenorrhœa, are remedied. 14. Appetite and digestion improve, and this in many instances without the use of medicines. 15. So thoroughly is the system impregnated with iodine, alteratives by the stomach are not used. 16.

The form of the cervix and os is often completely changed. A large, puffy cervix, with very patulous, slit-like os, becomes even virginal in type. 17. Stenosis has not followed the treatment in any case noted as yet. 18. Barrenness from nine to fourteen years duration has disappeared in several instances.

*Remarks.*—Rapid, and, at the same time, satisfactory cure in chronic uterine ailments, such as are contemplated in this paper, are not attainable by any mode of treatment known to this writer. It is not proposed that rapid cures can be made by the method herein set forth. On the contrary, the long-standing and obstinate cases, such as usually fell into his hands, require many months for satisfactory cure.—*Obstetric Gazette.*

OBSTETRICAL.—The following is Mr. Tennyson's greeting to his baby. It is entitled "*De Profundis*," and is published in the *Nineteenth Century* for May :

Out of the deep, my child, out of the deep,  
Where all that was to be in all that was  
Whirled for a million aeons thro' the vast  
Waste, dawn of multitudinous eddying light.  
Out of the deep, my child, out of the deep,  
Thro' all this changing world of changeless law,  
And every phase of overheightening life,  
And nine long months of ante-natal gloom,  
With this last moon this crescent her dark orb  
Touched with earth's light, thou comest, darling boy.

The poet laureate, we think, gives of late a considerable amount of chaff with his wheat. Besides that this chaff is too realistic by half. *De Profundis* involuntarily suggests the long forceps, and the period of gestation which is mentioned is shockingly exact. Possibly, if he "comes again," we may expect—

For twice  
A hundred and with five-and-seventy times  
Did break the nauseant morn to the unseen,  
Thou who didst contribute to the form rotund.

We declare that to doctors only belongs such stuff, and the poets must stick to their sunbeams and angels and cabbage-patches and rose-bushes and daisy-beds, and such like fancies and factors for the production of the race.—*Louisville Medical News.*

## CORRESPONDENCE.

## WESTERN MEDICAL EDUCATION.

UNION, CASS CO., NEB., June 10, 1880.

*Mr. Editor:* Of late much has been said by educational committees, by medical associations, and through the public prints, about the standard of medical education. Comparisons have often been drawn between the men and institutions of the East and those of the West.

Whether intentional or otherwise, we believe, in these comparisons, great injustice has commonly been done the West. That her standard of medical education is not all that it should be we are free to admit. She has had the difficulties of all new countries to contend against. But that this standard can only be raised, as is usually assumed, by Eastern medical colleges, I deny. This assumption does the West great injustice now, and injures her prospective advancement. Willingly can the East take this position, since it pays large tribute to their institutions and advances their respectability. Western men cannot afford to encourage a position so damaging to their financial and educational interests; prudence would dictate a different course. The West is rich in material resources; it should, therefore, be also in educational facilities. Foster and encourage home institutions, should be the sentiment of all living in the West, and among these there are none more important to her interests than her educational. These can only be built up by Western patronage. Too much has already been spent in the patronage of Eastern colleges; when is it to stop? Shall Western money always go from home to foster medical education in the East? Shall our young men never be educated in the West? Some say we have too many doctors in the West; they have more in the East. Again, they say, but they are not sufficiently educated. Most of them were educated in the East. Did the educa-

tional interest of any country or State ever prosper without schools? No. Then the great West should see to its educational enterprises. Some again state that a multiplicity of schools lowers the standard of education, and insist for a few well equipped medical colleges for the whole country. But I have never known one of these class of thinkers to advocate the location of such a school in the West. They say "Five or six hundred thousand dollars given to the Medical Department of the University of New York, or to either of the schools of New York or Philadelphia, properly invested, would yield an income sufficient to endow the professorships in said schools; these would make the professors independent, and they would not be compelled to graduate young men merely for the sake of the numbers graduated, irrespective of qualification." This quotation, from an influential physician of the East, is given to show where, in their view, medical colleges are to be located and endowed. Will the West reiterate the sentiment and bristle with indignation when Western medical education is proposed? We think not. The time has fully come when it is honorable, except with sycophants, to be a well educated, sensible, Western physician. We have nothing disrespectful to say or think of the East, but we advocate Western enterprise, Western development, Western Medical Colleges, and Western educated physicians; we believe that Western educated men, better than others, can apply the facts and principles of their local conditions, and can understand and more successfully treat the various diseases of this climate. They fully comprehend endemic, epidemic, malarious and thermal influences upon the Western people. Cerebral, thoracic and abdominal diseases are under the influences of climate; the same may be said of pneumonia and typhoid fever. The latter, as it manifests itself in our section of country, could hardly be recognized by an Eastern physician as typhoid fever. We might extend illustrations to prove that our position in this regard is well taken, but deem it unnecessary, as we presume all will admit its correctness.

Home education is much cheaper than that obtained at a distance; and if it should not be quite so thorough, it perhaps

may be more practical; and, as we have argued above, may better prepare the physician for the responsible duties of Western practice. Why send men to Paris, London or Berlin, to make Missouri, Kansas or Iowa doctors of them? "Keep money at home" and build up the institutions and industries of the West, is a good practical maxim that should be acted on by all.

Respectfully,

C. F. DAVIS, M. D.

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## THE PEN

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### The Kansas State Medical Society and the St. Joseph College of Physicians and Surgeons.

At the yearly meeting of the Kansas State Medical Society, held at Leavenworth in the early part of May, there was a portion of its proceedings which demonstrates how little regard men are likely to entertain for the rights of others when they imagine that they are in no wise to be held responsible for the trespass. We allude, of course, to that part of the proceedings of said society, wherein it went out of its way—diverged many degrees from its legitimate route,—to accuse, try, condemn and execute, without notification and without a hearing an institution of learning situated in another State, and in which, it would seem, they should have had none but a friendly interest. To a man possessed of the commonest sense, and in whose composition there is even a modicum of justice, who is made acquainted with the facts in the case, it will be conceded that the grave and learned body which it was to be supposed constituted the medical society of the great State of Kansas, allowed itself to be dragged down from its exalted station, and made the dupe and tool of designing charlatans. The puerility of their action places them out of the category of *men*. Doctors, of all others, should be the last to disparage the standard of respectability

in their own ranks. The good name of the physician is usually his most valued property. He who steals the doctor's purse steals trash in truth, but he who filches his good name steals that which does not better him and leaves the doctor poor indeed. This is the attitude which the Kansas State Medical Society has chosen to occupy in regard to the College of Physicians and Surgeons of St. Joseph.

Men do not, however, like to rest under the acknowledgment that they have been adroitly duped ; and we have no doubt but the Board of Censors, when made aware of the *facts* regarding the college, will, as far as their authority allows, correct at once the grave error into which they have stumbled. These facts we now propose to give.

It seems, from what we are able to learn respecting the action of the society, that it based its proceedings upon the recommendation of its Board of Censors,—the board having had bickerings made to it regarding the school, by one Dr. Leigh, of Highland. The nature of Dr. Leigh's grievances, and the shape in which he presented them to the "Board," the testimony adduced, &c., is as dark as the depths of the mammoth cave to all save the members of the "star chamber" themselves. It is said, however, that the offending of the medical college consisted in the fact of its having graduated, at its spring commencement, Dr. M. L. Zimmerman, a gentleman who is practicing in an unpleasant proximity to the above named good Dr. Leigh. Remembering this fact it will not require very profound cogitation to see why the very good doctor should possess an urgent solicitude for *restricting* the practice of medicine in his State. The *good* doctor has no taste, in this particular instance, for observing a practical manifestation of the great Darwinean doctrine of the "Survival of the Fittest." The doctrine does not suit him just now, and hence his appeal to the State society to interpose its dictum to keep bright the STATE's professional escutcheon!

Now, as to the course of the St. Joseph College of Physicians and Surgeons in graduating Zimmerman we have this to say : It is an institution chartered by the laws of the State of Missouri, its Faculty is composed, for the most part, of men well known for their professional standing and attain-

ments throughout the entire Northwest; it is an institution established in good faith for the purpose of instructing young men who desire following the profession of medicine; in its course of instruction, and in its requirements for matriculation and graduation, it follows *exactly* the usage common in all Western Medical Colleges for the past forty years. The Faculty exacted of Mr. Zimmerman, and all other candidates for graduation, the strictest compliance with all the regulations as published in their annual announcement. These exactions were fully met by Mr. Zimmerman, as the following certificates will show :

“TROY, February 2, 1880.

This is to certify that I have a professional acquaintance with M. L. Zimmerman, M. D., for the past five years, and that he is a man of upright moral character.

DR. WM. REEDER,

Vice-President Doniphan Co. Med. Society.”

“TROY, KANSAS, February 7, 1880.

I cheerfully endorse the above certificate of Dr. Reeder, in regard to the professional and moral standing of M. L. Zimmerman.

F. C. HOFFMEIER, M. D.,

Graduate of University of Maryland, Class 1862.”

These certificates were considered by the Faculty of the college as not sufficiently explicit upon the point of Mr. Zimmerman's professional status, and he was required to procure certificates more satisfactory. He did so. They are given below :

“TROY, February 21, 1880.

This certifies that M. L. Zimmerman has been in the regular practice for the last three years.

DR. WM. REEDER.”

“TROY, KANSAS, February 23, 1880.

This certifies that M. L. Zimmerman, to my knowledge, has been engaged in the reputable practice of medicine for the past three years.

F. C. HOFFMEIER, M. D.”

So much for the *ethical* part of the the grave oliguity laid at the door of the college.

As for Mr. Zimmerman's *qualifications* as a medical man

we can truthfully affirm that he evinced upon his examination professional knowledge of more than ordinary qualities as existing among medical students, and the Faculty of the college did not hesitate to pass favorably upon his application. He was considered by his instructors as a man of good intelligence. We may say again, in conclusion, that we hope for the sake of ordinary fairness and justice, that the Board of Censors of the State will rectify, as far as they can, the injustice done the college and the gentlemen who compose its Faculty. We believe it will be done. Why the College of Physicians and Surgeons *alone* should have been singled out for the purpose of attack we cannot account, except upon the hypothesis before named, viz.: that the society suffered itself to be made the cats-paw of designing parties not one thousand miles from St. Joseph, and the good doctor of the Kansas town with the elevated name—for reasons before stated—became the willing medium through which to consummate the trickery.

Viewing the action of the society, in its *legal* bearing, its grandiloquent pronunciamiento is not worth the paper upon which it is published, and graduates of the college who chance to be denizens of "bleeding Kansas" can possess their souls in peace. There is no law that can touch them, and so the Attorney-General of their State has declared in a recently published opinion.

Neither need young men who design attending medical college harbor any misgivings in regard to the status of the "St. Joseph College of Physicians and Surgeons;" it will not only live over, but thrive upon the *arsenic* designed by its enemies for its destruction.

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## HEALTH RETREATS.

It would seem that the "Switzerland of America"—Colorado—has deteriorated, in some degree, as a health resort. At least we do not hear so much of it in that way as we did three or four years ago. The hope created by a few interested medical zealots that the elixir of life



was to be found floating in the Rocky Mountain air, has in a great measure proven delusive. The consumptives who tried Denver, and other mountain villages, found little consolation when they saw others dying around them by the dozen with typhoid fever, as they did last year. We have just been informed, by a gentleman of intelligence, who was in Colorado last year, and now resides there, that in fifty days last fall 750 deaths from typhoid fever alone, occurred in Denver. One might as well go to Memphis or New Orleans for health if this is a fact. Not only did this malady prevail thus fatally in Denver alone, but it seems to have been very extensively prevalent and fatal throughout the State—especially among the villages and along the streams of the eastern slope.

And again, only a day or two ago, we had a conversation with a very intelligent legal gentleman of this city, upon the question of health—a gentleman who, by the way, has had quite an extended experience in testing the virtues of the various places of note in this and other countries. He comes to the conclusion that perhaps *home* is the best place after all. He has, within the last three or four years, visited Sweet Springs in our own State,—has visited Colorado, New Mexico, Southern California, Florida, Cuba, South America,—the various points of repute in Europe, among them the famous Mentone on the Mediterranean, and lastly Algieres, in Africa. All this was to no purpose as to a restoration of his health, except, as he thinks, the benefits derived from change of habit incident to the new modes of life inseparable from travel and a sojourn in strange lands and among people who possess habits entirely dissimilar from our own. He says one has but to make an observation of a few months in Colorado, and witness the very great mortality occurring among those who go there seeking health, to become convinced that they have been allured by false and highly colored statements from the comforts of their homes in the East but to die among strangers in a distant land. One gentleman informed me that the discomforts and the lack of accommodations, even at points the best prepared, invariably does the patient more mischief than can possibly be counteracted by any climatic advantages.

I would not have it thought that the writer of this has any "score to settle" with Colorado, but he simply designs stating a few facts which may cause health seekers to think a little before quitting the comforts of home and the attention of kind friends to indulge in the austerities incident to a life in the Rocky Mountains. *If you will go, travel overland by wagon during the early summer, camp out, and stay in that country if you health improves.* Going to the mountains by rail; going for a few weeks, and as soon as a little amendment is observed, to return home; going late in the season,—and, above all, going when the lung affection is far advanced, is all the greatest folly.

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## EDITOR'S DRAWER.

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WE do not hold ourself responsible for the ideas promulgated by correspondents and contributors, and do not wish to be supposed to subscribe to all the forms of thought and expression to be found in our pages, merely from the fact of their finding a place therein.—[EDITOR.]

PROF. JOHN T. HODGEN, of St. Louis, was elected President of the American Medical Association for the present year, at the meeting of the society held in New York the early part of June, and Richmond, Va., is the place for the next meeting.

PUTTING ON STYLE.—The College of Physicians and Surgeons of this city, through its Dean, Dr. W. I. Heddens, has purchased and fitted up, in elegant style, a college building near the heart of the city. As this is the only medical school west of the Mississippi which owns and controls its own college structure, it looks like this school means "business."

THE Necrological statistics, as ascertained by the census just completed, show that there occurred in the city of St.

Joseph, between May 31, 1879, and June 1, 1880, a total of two hundred and four deaths. We have not yet the means of knowing the diseases most prevalent in producing this mortality, nor the period in life which contributed the greater share, but we make the prediction that typhoid fever appears prominent as a cause, as it prevailed here more widely than common last year. The returns show a population of 33,000 in round numbers, for the city,—giving 6 to the 1,000 as the death rate for the census year—a proportion, as we have always claimed, as low as the most healthy rural locality in the United States.

THE District Medical Society of Northwest Missouri will meet in St. Joseph early in July. Dr. C. J. Siemens is President and Dr. D. I. Christopher, Secretary.

EMMET'S "Principles and Practice of Gynæcology," and Goodell's "Lesson in Gynæcology" although the first before the profession little more than a year, and the other scarcely more than six months, have exhausted their first editions, and have each a second edition now just out. This fact attests the growing interest felt in women's maladies by American medical men.

WE send, this month, copies of our journal to the address of most other medical periodicals in the United States. We hereby modestly *solicit exchange*. We also call the attention of authors, publishers of medical books, &c., &c., to the fact of our existence, and hope they will forward any late publications they may be interested in for notice in our "review department." All exchanges, books, correspondence, advertisements, subscriptions, &c., should be addressed to the editor,

J. P. CHESNEY, M. D.,

St. Joseph, Mo.

THE Missouri State Medical Association met in Carthage, Mo., on the 18th of May. Sixty members responded to their names upon roll call. Dr. J. M. Allen, of Liberty, Clay County, was elected President of the Association, and Drs. T. U. Flanier, T. B. Lloyd, L. I. Matthews, A. B. Sloan and J. W. Smith were elected Vice-Presidents; A. J. Steele and

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F. J. Lutz Recording Secretaries; Dr. H. H. Mudd, Corresponding Secretary, and Dr. C. A. Thompson, Treasurer. Mexico is the place for the meeting in 1881.

DR. E. A. DONELAN, a prominent physician in this city, is spoken of by his friends as a probable candidate for Congress in his district.

WE have on hand an interesting article from the pen of Dr. S. F. Carpenter, of this city, which will appear in our next issue.

DR. CHARLES F. KNIGHT, of this city, has just returned from a visit to his old Virginia home after an absence of a quarter of a century.

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VOL. I.

AUGUST, 1880.

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ORIGINAL ARTICLES.

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**Endocarditis: Its Causes and Differential Diagnosis from Pericarditis.**

BY S. F. CARPENTER, M. D., St. Joseph, Mo.

*Lecturer on Diseases of the Chest, &c.*

---

Few affections of the heart occur more frequently, or give rise to more varied symptoms than the inflammatory affection known as endocarditis. This affection, like nearly all inflammatory diseases, has both an idiopathic and traumatic origin; but outside of its idiopathic origin it seldom occurs; as wounds and other injuries sufficient to cause this inflammation most generally results in speedy death. Therefore in a large number of cases of endocarditis we must look to some other source and cause as its factor than traumatism.

The term endocarditis implies an inflammation of the endocardium or lining membrane of the heart. This inflammation may be acute or chronic, extensive or limited, as

many cases have been found to be on post mortem examinations. I have no doubt that many mild cases of this affection are overlooked when existing coincidentally with rheumatism, Bright's disease or some other systemic affection.

We are not apt to suspect endocarditis unless in a case of severe acute articular rheumatism, or a protracted case of albuminuria; then, if found to exist, it is of such a character, and its symptoms and pathology so well established, that little difficulty will be had in the diagnosis.

I believe that all, or nearly all, authors agree that this inflammation is found to exist chiefly in the left or arterial side of the heart; but unless all post mortems reveal this fact our authors might, in many instances, be mistaken.

It is true that all ante-mortem physical examinations reveal the disease unmistakably in the left side of the heart, but this is not positive evidence that it does not exist in the right side also. When we consider that the left or arterial side of the heart lies almost in front of the right side, and owing to the walls of the left side being much thicker than the walls of the right, we can readily understand why it is that the sounds of the left, both normal and abnormal, can be heard more audibly than the sounds of the right side. Then, owing to these facts, endocarditis could exist to the same extent in the right side as in the left, and yet escape our observation.

Admitting that endocarditis is most generally found in the left side of the heart alone, why is this the case? This question brings us to the *causes* of endocarditis before it can be answered, and before considering the special causes we must notice the anatomical structure of the endocardium.

The endocardium is a perfect serous membrane, while the pericardium is a fibro-serous membrane. All the valves of the heart are but re-duplications of this same endocardial membrane, which serve as guards or sentinels at every portal of every chamber of the heart, to prevent regurgitation or the backward movement of the blood during the systolic action of the organ.

Of the different idiopathic causes of endocarditis, acute

inflammatory rheumatism and Bright's disease of the kidney stand pre-eminent.

I have never regarded endocarditis existing with, or resulting from, Bright's disease as an active inflammation—such as is found with inflammatory rheumatism,—but rather a low degree of passive inflammation, the result of an impoverished blood and a loss of nutrition. It is a well known fact that when the blood is drained of its rich nutrient properties such as albumen, fibrin, &c., (as is the case in Bright's disease) the different organs and tissues of the body must perish by a slow and low degree of inflammation, ending in suppuration; and such is the case in endocarditis from Bright's disease. The endocardium being a serous membrane, is sensitive and highly vascular, and having an unending and laborious duty to perform, necessarily requires vast nutrition from a healthy blood; hence we can easily understand why it undergoes a low degree of inflammation, and finally softening, as the result of albuminuria.

This I believe to be the cause of this affection, when found in connection with Bright's disease.

Endocarditis results from acute inflammatory rheumatism much more often than from Bright's disease; indeed more often than from all other idiopathic sources. Every competent physician knows with what care and anxiety he examines and scrutinizes the condition of the heart during every visit to his patient afflicted with acute rheumatism, and in fully one-half of his patients he will find endocarditis existing during the highest inflammatory excitement. Sometimes it does not make its appearance until the favorable decline of the rheumatic inflammation, when it can then be said to exist as a consecutive.

It has never been definitely decided as to why endocarditis should result from inflammatory rheumatism; but most all agree that it is the influence of lactic acid on the membrane. It is an established fact that in acute articular rheumatism there is a superabundance of lactic acid, and certainly it is due to this poisonous agent that the endocardial membrane suffers.

It is not our intention, in this article, to discuss the source or cause of lactic acid in the system; suffice it to say that it

is the result of chemical and fermentative changes in the system. It may be produced in the digestive system, in the blood itself, or in the tissues themselves.

Lactic acid must not be mistaken for uric acid. Uric acid is one of the natural constituents of the urine, and may be increased to an alarming extent by the chemical decomposition of certain alkaline agents taken into the system.

We come now to the *cause* of endocarditis in the left side of the heart when found there alone. No doubt exists as to its being caused by lactic acid poisoning.

The question naturally arises as to how and why this poison affects the left endocardium all the time, and the right only occasionally. The answer is that this morbid acid comes directly in contact with the left and not with the right endocardium; and right here springs a nice point. Most writers claim that the acid is generated in the lungs during the passage of the blood to and fro, with the action of the atmosphere upon it, and that this newly generated poison comes directly in contact with the left or arterial heart, and spends its force there before making the circuit of the circulation. This may be true, but we have never been able to agree fully with the statement. We agree that the poison does come directly in contact with the left endocardium, and that it exerts its poisonous effects there; but we do not agree that it is generated in the lungs during the passage of the blood with the action of the atmosphere upon it; but that it is generated in the blood and tissues of the body through the process of chemical decomposition, and all this takes place long before the blood returns even to the right side of the heart. Another question presents itself thus: Why does it not affect the right endocardium then as well and to the same extent as the left endocardium?

My own individual answer is, that the acid being generated in the system returns to the right side of the heart in the venous blood, in company with a large amount of carbonic acid; now it is well known that carbon and carbonic acid are agents that will prevent the decomposition of organic substances to a great extent; also that they will prevent poisonous acids or gases from exerting their deleterious effects

upon the different tissues of the body. Now this poisonous acid is held in subjection by the carbonic acid as long as the carbonic acid is allowed to remain in the blood with it; but when both with the blood pass through the right or venous heart into the lungs, there the carbonic acid is expelled by exhalation, while the lactic acid remains unopposed, and, of course, attacks the left side of the heart long before it again comes in contact with the carbonic acid. This theory seems to me (while it is strictly my own) far more plausible than that the lactic acid is generated in the lungs themselves.

Endocarditis from lactic acid poisoning presents us a different pathology from that found from any other cause. We not only have the thickened, turgid membrane, with thickened valves, but we have roughened edges of valves and warty vegetations or growths from the edges of the valves, and the edges of the orifices of the different chambers of the heart.

I do not believe that we would have the extremely thickened condition of both valve and lining membrane, with warty growths and contracted orifices in any other form of endocarditis than that of lactic acid poisoning; but as we are not to dwell on the pathology of this disease, we will now pass to its diagnosis, and to its discrimination from pericarditis.

Endocarditis, like all other diseases, does not present all the symptoms attributed to it in every case. Indeed, in many ordinary cases, some of the symptoms will be wanting, even the bellows murmur, or blowing sound, as it is commonly called. It is not always easily diagnosed, and we are often left in doubt as to whether it is a case of endocarditis or some other affection giving rise to the same obscure symptoms.

In a true case of endocarditis, with valvular involvement, we cannot be readily mistaken as to its certainty, particularly if it accompanies acute rheumatism. As we stated in the beginning, endocarditis can be either extensive or circumscribed. It can involve a large portion of the lining membrane, including the valves, or only one valve or a small patch of membrane most distant from any valve.

Circumscribed endocarditis, without valvular implication, will not further claim our attention, as all the symptoms by

which we are enabled to arrive at a correct diagnosis belong to the disease when developed with valvular inflammation, with or without deposits.

Before speaking of the special symptoms of this inflammation we will say that every symptom belonging to this disease will be found singly or collectively in many other functional or organic affections of the heart. And it is only after we get the history of the case, or find the most of these symptoms in connection with rheumatism or Bright's disease, that we can fully determine it to be a case of endocarditis.

To group the symptoms and physical conditions will engage our attention now. In a well developed case of endocarditis we have more or less pain in the interior of the heart; increased action of the heart with augmented force against the chest; pulse quicker and stronger than natural, particularly during the acute inflammatory stage; sometimes irregular action of the heart, owing to valvular obstruction. We most always have valvular obstruction when we have thickened valves from inflammatory deposit on their surface, or warty vegetation on their edges; or, further, by lymphatic deposit on the edges of the orifices themselves.

But one of the most prominent symptoms of all is the blowing sound, or belows murmur, heard in the region of some valve or valves. It is heard most often over the mitral and left semi-lunar valves; but the mitral valve alone is the one most often affected.

Why this murmur? Our authors nearly all agree that it is due to the roughened edges of the valves from fibrinous deposit and warty growths. This is true, but I believe the cause goes further than this. It is due also to the diminished calibre of the orifices, in consequence of this same lymphatic deposit on their edges. We often find the patient with a dry, hacking cough, difficulty of breathing, and unable to lie down. Nearly all, and sometimes all, these symptoms and physical conditions are found in well developed cases of endocarditis.

No percussion dullness exists as is the case in pericarditis; no prominence of chest or intercostal spaces in the cardiac region; no suppressed action of heart; no friction sound, as is the case in pericarditis.



In pericarditis, before effusion takes place, we have an audible friction sound in the præcordial region; later a suppressed distant sound, owing to effusion in the pericardial sac. Heart at first excited and strong with strong impulse; later action weak, with feeble circulation. Pain at first near the surface of the heart and in the pericardium; later little or no pain at all. Percussion dullness often increases in extent as the pericardium becomes distended with fluid. These are the symptoms and physical conditions of pericarditis as contrasted with those of endocarditis. A few words about the symptoms and physical signs of endocarditis and we are done.

We must not believe that any or all of these symptoms belong exclusively to endocarditis; certainly not.

The bellows murmur, one of the most important of all symptoms, is heard in other conditions of the heart. It will be heard in rupture of the mitral or aortic valves, in ossification of valves in old age, in the aortic orifice with mitral obstruction, causing the left ventricle to contract upon a small current of blood, forcing it through the aortic orifice,—and who has not heard this same blowing sound in cases of protracted anæmia from malarial poisoning, chlorosis and other blood dyscrasia?

Pain in the interior of the heart can be due to ruptured valves, carditis proper, neuralgia and many other causes. Rapid action of heart, with strong impulse, can be due to all other acute inflammations of the heart, lungs or pleura. Cough can be due to bronchitis, pneumonia, pleurisy, pericarditis and many other affections of the thoracic organs. Difficulty of breathing exists in all these affections. So we see that we cannot rely strictly upon any special symptom without first finding a factor for the suspected disease, then grouping together all the symptoms and making a most thorough physical examination, we may be able to diagnose a case of true endocarditis.

## REVELATIONS OF THE MICROSCOPE.

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A Paper Read Before the District Medical Society of Northwest Missouri, July 8, 1880.

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BY DR. F. A. SIMMONS, OF ST. JOSEPH.

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Much attention has been given of late years to the investigation and exploration of the conditions lying beyond the ken of natural vision with the aid of the microscope, and some of the most singular and interesting revelations have been made by its power. Others, as well as the scientist, have felt a curiosity in these investigations, and have alike been benefitted by its wonderful discoveries. Through its important revelations we have become acquainted with the forms and lives of innumerable micropic animalculas that hitherto had existed in the unseen world, and have ascertained the condition and circumstances most favorable for their rapid propegation, growth and development, as well as the evil influences they often exert in the production of disease. It is known that they are intimately connected with the processes of fermentation, putrefaction and the disorganization of organic matter. They move, devour and live as do larger animals. And the laws governing their existences, have in many instances been studied and as well understood by naturalists as have those laws that govern the lives of larger animals, such as lions, tigers and elephants, and as these mirrozomes are so frequently found in the vicinity of filth, the laws governing their lives may, for the sake of distinction, be called *filth* laws. They deposit their eggs, hatch, swarm and hold festive carnivals along our narrow and filthy alleys, they fill the air we breathe, and take possession of our dwelling. They engender the most destructive diseases of the hot months, and greatly

increase the mortuary statistics of our cities. Many of the diseases associated with putrid and filthy centers take their origin from causes springing from the lives of these little creatures. Diarrhœa and all that disagreeable and fatal class of disease grouped under the general designation of *summer complaints*, are thus started and continued. Most of the endemic and epidemic diseases are probably of this nature. So are those of a contagious nature. The eggs of the hen hatch in three weeks,—the germs of the contagious disease incubate in from eight to fifteen days. Cholera, formerly the great epidemic scourge of earth, is now generally considered to be of bacteritic, or animalcular origin. The epizootic that affected so many horses a few years ago doubtless had its cause in microscopic animalcule life. But it is not the purpose of this paper to enumerate all the diseases having, or supposed to have, their origin in animalcular life, but to throw out a few suggestions, and present a few of the principles which the writer regards as important as an illustration of the subject under consideration. We cover meats to prevent large flies from blowing them, because we believe that this retards putrefaction and destruction; and the same ideas are carried out in Listerism in surgical diseases, and in the process of canning fruits, vegetables and meats with regard to microscopic flies. When hermetic sealing or exclusion has been perfectly accomplished, and the germs have been destroyed by a great degree of heat, there is no putrescence or decay in these articles or in surgical wounds; but when imperfectly done they decay as rapidly as do the butcher's meats when blown by the large green flies. Correct Listerism then is complete destruction of all germs, and complete exclusion or hermetically sealing the wounds afterwards. I desire in conclusion to refer to the exceedingly interesting discoveries of Pasteur as to the nature of the disease known as the cholera of fowls. He found in the excrement of fowls affected with this disease minute organisms comparable to the bacteria, which could be readily cultivated in chicken broth. A small drop of this infected broth injected under the skin of a healthy bird, speedily excited all the symptoms of the cholera together with fatal results. A modified solution thus injected, produced

a local abscess, but no general symptoms, while the bird was manifestly protected against contracting the true cholera, as was proven by experiment. This experiment has excited much interest, as the results are so much like those of vaccination for variola.

He reports to the French Academy of Medicine, May, 1880, as having discovered in several common diseases, microscopic bodies in the fluids, to which he attributes the diseases themselves. Furuncle is one mentioned. By the examination of pus taken from furuncles he discovered minute organisms formed by two spherical specks united together. Osteomyelitis he regarded as an osseous furuncle. Puerperal fever when examined afforded decided results. In the lochial discharges he found microscopic organisms of various sorts. They much resembled those found in the pus of furuncles, but still sufficiently distinct to be recognized.

Thus Pasteur explains the cause of death in puerperal fever. The injuries of the uterus in delivery give rise to purulent discharges which afford a virus for germs; they subsequently penetrate the organism through the lymphatics. He thinks the antiseptic treatment indicated and prefers concentrated solutions of boracic acid to carbolic acid, or any other agent, claiming that it does not at all irritate mucus membranes.

He makes applications of compresses, impregnated with boracic acid, to the genitals of recently delivered women.

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## SCISSORS

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THE ASPIRATOR IN MIDWIFERY.—Benj. McClaskey, M. D., of Bloomfield, Ky., contributes the following to the *Louisville Medical News*:

My father was called, on Friday evening, the 19th inst., to visit a lady thought to be in labor; but on examination he found that labor would not take place for twenty-four or thirty-six hours; so he left her, instructing the family to send for him when he was needed again. On Saturday afternoon,

the 20th, he was again summoned in great haste, and on arrival found the lady with a transverse presentation, the right shoulder presenting and hand protruding. Finding her in this condition, he, of course, knew it was impossible for the case to be left to nature, so I was sent for to assist him; and, putting her under the influence of an anæsthetic, we extracted a live child, which lived four or five hours—a very rare instance, I believe. On the next morning, twenty-four hours after she was delivered, I was called again in great haste. Finding her suffering from a distended bladder, I of course attempted to introduce the catheter and bougie; but finding it impossible to perform the operation without intense pain to the patient, on account of the parts being in a swollen condition and very tender, and seeing that it was torture to her to make further attempts to introduce either of the instruments, I resorted to the *aspirator*, and relieved her immediately by inserting the needle into the bladder just above the pubic bone. She was much surprised to find that the introduction of the needle caused much less pain than the attempt at catheterization. The operation gave timely relief, and she is now convalescent, and will recover in a short time without some unforeseen danger arises.—*Obstetric Gazette*.

This shows conclusively the heroic *ignorance* of many who yet pride themselves upon their skill.—[ED. REPORTER.

OVARIAN TUMOR REMOVED FROM AN INFANT.—Dr. W. C. Neville exhibited at a late meeting of the Obstetrical Society, of Dublin, an ovarian tumor which Dr. Kid had removed from a girl aged two years and eleven months. The child's mother first noticed a hard lump growing in the child's left iliac region when two months old. This had gradually increased, but caused little pain or annoyance until three months before her admission to the hospital, from which time she was greatly emaciated and had considerable dyspnea, due to pressure on diaphragm, etc. Ovariectomy was performed by Dr. Kid, with exceptional difficulty, owing to the numerous and intimate adhesions and to the absence of any distinct pedicle. The child survived the operation two hours. The tumor weighed one pound five ounces, and consisted of one large cyst containing eleven ounces of fluid, and

a solid portion, five inches long by four and one-half inches broad, with numerous small cysts contained therein. It was evidently a dermoid tumor, and contained plates of bone, a considerable quantity of hairs, besides pavement-epithelium, blood-corpuscles, cholesterine-crystals, oil-globules, etc.—*British Medical Journal*.

THE MODERN ABUSE OF GYNECOLOGY.—Dr. Clifton E. Wing, of Boston, is himself an honor to the specialty of diseases of women; and while his pen is ready and caustic, he does not use it to throw ungenerous stones at those who are honestly striving to cultivate a high standard for gynecology; but he does show in this essay that there is a good deal of ignorance and pretense covered up by special claimants, besides a good deal of unnecessary pain and mischief produced for the over-confiding woman by specialists who are either ill-informed or disposed to be meddlesome.—*Obstetric Gazette*.

EXPERIENTIA DOCET; OR, SOME HOPE FOR A SPECIALIST.—*Scene in a Consulting-Room.* (A fact.) (The family doctor and a specialist in skin diseases have just left the bedside of a patient having a profuse eruption upon the skin.) Family Dr.—Well, doctor, what do you make of the case? Skin Dr.—My opinion is, that the morbid process involves the deep as well as the superficial layers of the skin; there is marked inflammatory action, with intercellular effusion, and probably increased cell proliferation, with more or less tendency to necrobiosis of isolated points of the surface. I pronounce it, therefore, a case of acute psoriasis. Family Dr.—With all due respects, I must beg leave to differ slightly from you, at least in your diagnosis, as in my opinion it is a case of malignant *small-pox*. (Exit Skin Dr. to meet a most pressing engagement elsewhere.) N. B.—The patient died the next day.—*College and Clinical Record*.

SYPHILIS AND MARRIAGE.—No question presented to the medical profession, is fuller of perplexity, more weighted with grave responsibility, than that of eligibility for marriage of one at any time affected with syphilis. At this day it remains unsettled how long the poison of syphilis may remain

in the system. The physician will have the warning consequences arise in mind, of the innocent spouse shattered in constitution, of the offspring spared only to suffer all the malignant evils of inherited syphilis. Well may such a dismal perspective shake his judgment. Prof. Fournier has published a series of lectures upon the subject of syphilis and marriage, which is reviewed in the *Gazette Hebdom.*, No. 12. The Professor considers the relative pernicious influence upon the child, of syphilis in either parent and also when both are infected. In the latter case the effects of the double diathesis is "disastrous" to the offspring; in the former it is the maternal infection that is most pernicious; intra-uterine death is most frequently referable to that cause. A woman, pure above suspicion, married to a man with syphilitic history, yet at the time of marriage without any discernable specific lesion, may, after cohabitation, exhibit cutaneous syphilides, oral mucous patches, cervical glandular enlargement, neuralgias, attacks of intermittent fever, alopecia, etc.; she has contracted secondary syphilis without the primary lesion, and without apparent contact with any of the secondary syphilitic virus. Pregnancy, however, is the prerequisite for the appearance of such symptoms; mere cohabitation will not suffice without consequent conception. She bears within the womb a new being, that, escaping intra-uterine death, comes into the world syphilitic. In such cases the semen, although harmless when inoculated upon a healthy subject, infects the ovum that develops into a syphilitic fetus, which contaminates the system of the mother. But while this is true, still undoubted syphilitic fathers may have healthy offspring, or may have infected offspring, the mother not being infected. Fournier states five conditions that must exist, before marriage should be allowed: 1. Absence of actual specific lesions. 2. Advanced period of the diathesis. 3. A certain period of absolute immunity since the last specific manifestations. 4. The character of the disease must not be threatening. 5. A sufficient specific treatment. The first is sufficiently obvious. The fourth is not, in all instances, of easy determination; some attacks of syphilis are light, others attended by severe lesions, affecting profoundly the bones, skin, muscles, viscera,

and occasioning a marked cachexia; in others the symptoms obstinately recur. Sometimes the disease, at first mild, after many years develops an extreme malignancy. The more recent the attack, of course, the greater the danger of marital infection. As to the third condition, he considers eighteen months to two years as the minimum, a thorough special treatment having been undergone in the meantime.—*St. Louis Courier of Medicine*.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The eleventh annual meeting of this Association was held in New York, May 31st. The President, Dr. Powell, being absent on account of sickness in his family, had sent on his annual address, which was read by Dr. A. N. Bell, Dr. Frank Woodbury, Vice President, in the chair. The question of adopting the metric system in the journals was discussed, but no formal action was taken. The following gentlemen were elected for the coming year: For President, Dr. Geo. F. Shrady, of the *Medical Record*, New York; for Vice President, Dr. E. M. Nelson, of the *St. Louis Courier of Medicine*, St. Louis; for Secretary, Dr. Dudley Reynolds, of the *Medical Herald*, Louisville. The meeting then adjourned to meet at Richmond, Va., the evening before the sessions of the American Medical Association of 1881.

DR. SAMUEL CHOPPIN, of New Orleans, died of pneumonia, May 2, 1880, at the age of fifty-two years. He commenced his medical studies in the Medical College of Louisiana, and was for two years resident student at the Charity Hospital. After graduating, in 1850, he further prosecuted his studies in Europe. For five years following his return to New Orleans, he was Demonstrator of Anatomy in the college from which he had graduated. He was House Surgeon of the Charity Hospital, the duties of which position he discharged with credit to himself and satisfaction to all concerned. At the same time, he assisted in editing the *Medical News and Hospital Gazette*. He was one of the founders of the New Orleans School of Medicine. During the civil war he served as Medical Inspector and Surgeon-in-chief to General Beauregard during the sieges of Charleston and Peters-



burg; and evidenced capacity of the highest order. Since the close of the war, he has had a large and remunerative practice in New Orleans. He held the position of President of the State Board of Health up to within a few weeks of his death. It was, however, to his heroic efforts in combatting yellow fever during its prevalence in the lower Mississippi Valley in 1878 and 1879, that his name became so wide and favorably known to the medical profession and the people of the United States.

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## CORRESPONDENCE.

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MANITOU COL., July 15, 1880.

*Editor St. Joseph Medical and Surgical Reporter.—*

DEAR SIR: In the first issue of your journal appears an article, or rather a statement, which it would be both unjust and unwise to pass unchallenged. Permit me space to answer such points as are attempted to be made in said article, as briefly as possible:

1. Immunity from pulmonary phthisis (I take it for granted that this disease is the one referred to) begins in Colorado at an altitude of 6,000 feet above sea level, and more especially on the eastern slope of the Rocky Mountains. Denver is 5,000 feet, and is not in the mountains, as the writer ought to know, if he was ever there.

2. Typhoid fever prevailed in Denver last fall to a very moderate extent, and was in reality of a remittent type. The villages and streams of the eastern slope now hear for the first time that any cases occurred outside of Denver worth noticing.

3. Your friend, the legal gentleman, condemns his own statement. A man who, within the last three or four years, has visited every known health resort in North and South America, Europe and Africa, is a good example of what the average health-seeker in his eternal restlessness does. He

comes to Colorado with the vague idea that the climate will cure every chronic complaint under the sun. He needs no doctor, not he. His good old family physician has told him to go only in the summer, to rough it, climb Pike's Peak, to live on a ranche and eschew doctors. He is in short advised to follow the straight road to death. A reputable specialist could have told him that of all diseases that should be constantly under the supervision of an intelligent physician, consumption stands at the head.

Air, sunlight, electricity are not to be taken and handled *ad libitum*. Indeed, I know of no remedy in the materia medica which requires so much judgment in its administration as this same much-abused thin air.

4. The discomforts and lack of accommodations may have existed up to three or four years ago. To-day we, in Colorado, boast of as good accommodations and better food than any towns in Missouri ever dreamed of.

Very respectfully,

J. HILGARD TYNDALE, M. D.

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## SOCIETY PROCEEDINGS.

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### History of the District Medical Society of Northwest Missouri.

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This society was organized in July, 1875, with a view to a better acquaintance among the members of the medical fraternity in the Northwest, and for the advancement of the scientific and general interests of those who constitute its membership.

A call was made, signed by the leading members of the profession in St. Joseph, and an invitation extended to the medical men throughout the surrounding country to partici-

pate in and become parcel of the organization. The meeting was held in St. Joseph early in July, and was attended by a number of the leading Doctors of surrounding towns—notably Drs. Goslin and Stone of Oregon, Wilson of Forest City, Dunn and Morrison of Maryville, Hughes of Hopkins, Manning of Quitman, Bryant of Savannah, Adams and King of Cameron, Barnard of Hainesville, Essig of Plattsburg, Johnson and Coffey of Platte City, Lester of Kansas City, and others whose names we cannot now recall.

Most of the city physicians, prominently Siemens, Geiger, Carpenter, Richmond, Heddens, Atchison, Chesney, Brock, Donelan, Doyle, and perhaps others, were present and gave active support in the organization. Dr. J. B. Atchison was chosen temporary President, and Dr. Jacob Geiger was made temporary Secretary. The Society was permanently organized by the election of Dr. W. I. Heddens, permanent President, and Dr. Geiger, permanent Secretary, and the names of the gentlemen above constituted the first memberships.

The meeting continued two full days, and a Constitution and By-Laws were adopted. Their framers made them stringent—membership in a county society, if there was one in the county where the applicant resided,—or in the event of no county society then a Diploma from a reputable school or ten years reputable practice was a *sine qua non* for membership.

Of the membership at the present time, I may say that it has grown to almost a hundred, and its meetings have been held regularly every three months since its birth. Of the original members, Dr. Brock has long ago passed to the spirit world, and Dr. J. B. Atchison, to whose enthusiasm more than to that of any one else the project was set on foot and consummated, is a citizen of the "Western Border"—I believe in Montana. At all events, to him mainly belongs the honor, if any, of being the founder of the society, and to him it shall be accorded in these pages.

The twenty-first quarterly meeting of the society was held in this city—its permanent place of meeting,—on the 8th of this month, July.

Dr. C. J. Siemens, President, was in the chair. Dr. D. I.

results should be perceived in *inflammations* of the organ; for if by contracting the minute vessels of the legs, and thus depriving them of a proper blood supply, we produce gangrene,—or if by the same means we destroy the vitality of an immense uterine fibroid, why may we not in the same way cut off the pabulum which feeds an inflammation?

This is the principal upon which ergot acts upon all vitalized animal strictures,—and that it will be *the* remedy of the future for combatting uterine inflammations I fully believe. As to its value as an agent in sub-involution, in uterine hemorrhages, uterine catarrhs, uterine polypoid and fibroid tumors, and even in malignant diseases of the organ, there is the most undisputed evidence.

The formula I have been in the habit of using, and which I have recommended to others, is this:

Fld. ex. Secale Cornutum,	-	-	-	oz. iss.
Tinct. ferri chloridi,	} of each,	-	-	drs. ii.
Tinct. digitallis,				
Mix.				

Sig: small teaspoonful before each meal and one at bedtime.

If the digitallis should cause any of its peculiar symptoms, it may be prescribed in less quantity, or the dose of the accompanying prescription may be for a time reduced. Large doses of ergot are not good in gynecological practice. Only small doses, repeated three or four times a day and continued for many weeks, is applicable in the treatment of the non-puerperal uterus.

The originality of the suggestion as to the value of ergot as an agent in inflammations of the lining membrane of the womb, I do not, however, claim as my own. The subject was first brought to my notice by my friend, Prof. Carpenter of this city, who, in detailing some cases of uterine disorder made mention of the apparent benefit occurring coincidentally with its use. He seemed, however, not to fully realize the importance of his own observations at that time, but the probable value of the remedy thus employed appeared to me worthy of investigation, and I have been in the habit of resorting to its use almost every week since.

Dr. Simmons reported a case where a husband, thrown upon his own resources, in attempting to deliver his wife of a six months fetus, made traction upon the legs and body with such force as to separate the head from the trunk—the head remaining in the uterus. This occurred on Friday, and the following Tuesday the doctor was called, had the body exhumed, and found the head really gone. The woman complained of no pain whatever, the os uteri was tightly closed, and the uterine globe could be felt prominently through the abdominal parieties. A teaspoonful of fld. ex. ergot produced pain in twenty minutes, which extruded the head not only from the long contracted uterus, but also from the vulva. The Doctor related this to show the powers of the agent over uterine action.

Dr. Geiger presented an ovarian cyst—emptied of its contents, which had consisted of about forty pints of grumous material—the tumor having been removed only a day or two previous by himself, assisted by Dr. J. W. Heddens, from a patient 50 years old, who resides in Southern Iowa. The tumor consisted of dropsy of the left ovary.

Dr. Craig also made remarks upon a case of ovariectomy which he had recently seen.

Dr. Mullinix, of Rosendale, inquired of the society the best remedies for acute dysentery,—information which seemed to be scant among the members, as only Dr. Doyle made suggestions upon the subject.

Dr. Allen reported a case of disease of the ankle joint, and Dr. Essig a case of osteo-malacia, a rare disease of adults, occurring, with few exceptions, in women after parturition—a disease characterized by a softening of the bones from the absorption of their calcareous elements. In the case reported by the doctor the chest became greatly sunken in from lack of power in the osseous supports of its walls, and the patient also subsequently got spontaneous fracture of the femur. The patient died.

Dr. Simmons read a paper on the "Revelations of the Microscope," which is given entire in another place in this issue.

The regular question—"Differential Diagnosis of Func-

tional and Organic Diseases of the Heart," was then discussed, as had been all the questions above named—nearly every member present taking part in the remarks.

The society, at 11 P. M., adjourned to meet again on the second Thursday in October.

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## THE PEN.

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### OUR JOURNAL.

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In presenting to the profession of the city and adjacent country the ST. JOSEPH MEDICAL AND SURGICAL REPORTER, it is perhaps proper to state the motives which actuated us in the inauguration of such an enterprise.

In the first place, we may reiterate the oft repeated assertion—the well known fact—that we live in the center of a flourishing and rapidly developing country, and that to keep pace with the march of events, new enterprises become a *necessity*.

Our city has recently become the center of medical teaching for the Northwest, and we have located in the territory immediately tributary to us quite a number of well organized and flourishing District and County Medical Societies, and consequently our medical interests are far reaching and broadly disseminated. We need,—these interests need, and the *young physic* of the Northwest needs, a *home* medium through which to disseminate and preserve our ideas.

In establishing the REPORTER we have in view the supplying of this want.

We have a territory extending from the confines of Manitoba to the Gulf of Mexico—from the Mississippi to the Pacific Ocean in whose broad expanse there is not to be found a single medical periodical. To be sure there are the

St. Louis and San Francisco journals, but they do not, can not, fill the requirements of the portion of the profession we represent. In all this broad field—the habitat of ten thousand laboring and reading physicians there surely is abundant material from which to elaborate a good journal. We think that this material is available, and our desire is to utilize it. There is presumably, hardly one among the thousands of physicians in the vast region named, who has not, treasured up in his memory, the recollection of some curious and important case, whose history is the rightful property of the whole profession. To all such we appeal for aid in the way of original matter for our pages.

*Write, write!* That is one of the best means of becoming interested and acquainted with the medical profession—its members, its methods and its worth. *Write*, short, plain and to the point. *Write facts*, and you will seldom fail to get a hearing.

To those who contribute to a journal its pages are always doubly interesting. Particularly do we desire to make the ST. JOSEPH MEDICAL AND SURGICAL REPORTER the *organ* of the *country physician*, and the exponent of the legitimate medical thought and practice throughout the great Northwest. We therefore hope to have the hearty co-operation—both with “pen and purse” of every medical gentleman who receives a copy of our journal. To the task of making our periodical worthy of this support, and working to attain it, we intend giving our best endeavors..

It is useless to descant upon the failures which have attended all enterprises of this kind which have heretofore been undertaken west of St. Louis and Chicago. Any enterprise will fail if there is not a demand for its continuance. We believe there is now and here a *demand* for a work of the kind we have inaugurated, and we are prepared to prove our faith by our works.

We have received the one hundred and fifteenth annual announcement and catalogue of the Medical Department of the University of Pennsylvania, for 1880-81. This is the oldest and one of the most reputable and successful medical

colleges in the United States, and to possess its Diploma has always been an honor. This is so yet. A careful examination of the catalogue before us, however, develops a significant fact, and one that is pregnant with importance to the University of Pennsylvania and all other Eastern medical schools. The patrons of the Philadelphia schools, in years gone by, was largely made up of students from the South and West. In the graduating class of the above college at the beginning of this year,—III in number,—but *three* were from west of the Mississippi.

This is but a fair index to the sentiment which is beginning to grow in the West—namely, that a Western medical education is the best for Western physicians. This subject was ably handled in our July number, by Dr. C. F. Davis, of Nebraska, and the issue thus made and the facts connected therewith will, we believe, elicit a good share of attention from both students and schools in the immediate future. In the St. Louis Medical and Surgical Journal for July 5, will be found sentiments similar to the above from the pen of Dr. Rumbold.

In the July number of the REPORTER, we made mention of the fact that "Goodell's Lessons in Gynæcology" had reached a second edition in the short period of six months. This, we then thought, was an index to the unprecedented popularity of the work, as the first edition was a large one. Since that writing, we have received from the author, through Dr. D. G. Brinton, his publisher, a copy of the second edition—a handsome volume of 450 pages, on fine tinted paper, in good type, and with appropriate illustrations. The book consists of thirty-three "lessons," each of which is replete with the very cream of the most recent gynæcological thought and practice; and we expect to lay its pages under heavy contribution during the coming winter, in our course of gynæcological teaching. The name of Dr. Wm. Goodell is a household word in the home of every American physician, and anything coming from his pen is *authority*. Every medical library in the land should possess a copy of this invaluable work.



An organization styled the "Association of American Medical Colleges" is attracting notice now in professional circles. In regard to this movement among the schools, we quote the following from the catalogue and announcement of the St. Louis Medical College, one of the oldest and most substantial medical schools in the West: \* \* \* \*

"The St. Louis Medical College has declined the repeated invitations to join the 'American Medical College Association,' which is largely composed of schools that compete against it by low fees, and whose *professed* object, to raise the course of instruction in *all* its members to a point which the St. Louis Medical College has already reached, seems yet far from being realized." And the "three term" cry raised by these same "associated colleges," we think comes with bad grace from men who, *not one of them* perhaps, ever attended three courses of lectures—some of them two, some one and some of them perhaps none at all! We think well of all honest effort to elevate the educational standard in medicine and elsewhere, but we are distrustful of all plans to that end, which smacks of "ring."

We have on our table the St. Louis *Medical and Surgical Journal*, and the *Alienist and Neurologist*—the former under the able management of Dr. Thomas F. Rumbold, and the other,—a new journal, in its third number,—with Dr. C. H. Hughes at its head. We gladly welcome these two able periodicals to our sanctum, and regard them as splendid representatives of Western science and Western enterprise. The St. Louis *Medical and Surgical Journal* is the oldest and most widely circulated medical journal in the Mississippi Valley, and is now conducted with more ability and energy than at any time during its long and always honorable existence. It is now the peer of any medical periodical in the United States. The *Alienist and Neurologist* is certainly an elegant publication in every respect, and we wish our friend, Dr. Hughes, the grand success which his enterprise deserves; but we have grave apprehensions for its success. It is too good and costs too much money to make it. There will not be, we fear, enough *paying* readers to justify its perpetuity.

If, however, any gentleman in the West can make a success of such an enterprise, Dr. Charles H. Hughes is the man. He is full of professional vitality.

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## EDITOR'S DRAWER.

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THE following article, from the pen of Dr. E. A. Donegan, of this city, was received after the original department of the REPORTER had been made up and had gone to press. The writer's large experience, and the opportune appearance of an article upon a subject of so much importance to mothers and the infantile population, determines us in giving it to our readers in the present number, notwithstanding the press of other matter:

### MANAGEMENT OF INFANTS.

There are no responsibilities the physician has to contend with that are more perplexing than delicate children during the summer months. Anxious mothers are desirous of doing everything in their power for the benefit of their darling babes; and while the child is subject to a great variety of diseases during infancy, much may be done to arrest or prevent them by judicious management—as by a proper regulation of their food and hygiene. In forming our diagnosis of infants' diseases we are deprived of the function of speech in them to assist us to locate the disease; consequently we have to be governed by external appearances—condition of surface, head, eyes, bowels, stomach,—in short every available means that can be taken as an index to their condition. We are often aided by investigating the health of the mother—her habits and mode of living. If the child nurses, we often find the mother's condition to be the primary cause of the child's sickness. In order to furnish a child healthy milk, the mother's health must be properly cared for. A very great number of cases of children's maladies in their incipiency, are caused by unhealthy milk. We have cases on record where children

have died immediately after nursing the mother who had just passed through a state of nervous excitement. The mental condition of the mother, as well as health and proper food, have much to do with the health of infants that are nursing. Milk is nature's food for an infant, and in pure milk we have the nearest in composition to pure blood of any other substance. If an infant is fed, care should be taken to know the quality of the milk that is used; as cow's milk is generally used, it is important to know how the cow is fed. If kept up and fed on slops, as is frequently the case, the milk will not be good. In this city many cows are fed on the slops of breweries, and the milk usually will disagree with children. Good milk is usually, I believe, slightly alkaline. If from an animal fed on slops it will have an excess of acid, and coagulate and form a curd or hard substance in the stomach; if not rejected it forms an indigestible mass and gradually accumulates, producing very distressing effects. We have seen a curd-like mass as large as a good sized hickory nut thrown up by a child eight months old, giving great relief to the little sufferer. It is of great importance to have milk from cows properly fed, as it insures, usually, good milk. As cow's milk is stronger than that of the mother, it should be diluted—say one part of water to three of milk. Barley water may be added, or, where there is irritability of the stomach, lime water, which is easily prepared, will be found beneficial—one part to about three of milk,—or a few grains of lactopeptin, or the saccharated pepsin, may be given, five to eight grains after the child has taken its milk or food. This practice we have found beneficial in cases of indigestion, vomiting and diarrhoea. Milk should be used as soon as possible after milking, as exposure to the air impairs its good qualities. Where it has to be kept some length of time we prefer it to be boiled, a portion of aqua calcis added to it, put in a well stopped bottle and kept cool, and given to the child every three or four hours. It is important to keep the bowels regular as well as the stomach; a child in good health should have three or four actions in twenty-four hours. In cases of constipation of the bowels of children, a pleasant effective prescription is—

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Syr. Rheii,	-	-	-	-	-	-	-	oz. i.
Ex. Jalap,	-	-	-	-	-	-	-	gr. iv.
								Mix.

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Sig: Teaspoonful every three or four hours until the bowels are moved.

This we have found to be a pleasant and efficient remedy in cases of constipation. Our experience with the syr. of rheii uncombined has not been satisfactory; it is too inert. It is desirable to give a child as little medicine as possible; consequently, hygiene should receive our prompt attention, after adopting a judicious diatetic course. Pure air is out of the question in cities at this season of the year. In fact, considering the amount of animal and vegetable decomposition and poisonous vapors emanating from water closets, ponds and sewers, it is remarkable that the efforts of physicians are attended with the success they are, as evidenced from the few deaths of children in proportion to that of other cities. In order to procure pure air and avoid the heat of the city, all feeble or debilitated children should be removed to some pleasant country location, remote from the poisonous and life-destroying influences of a filthy city; then nearly every case, with proper nourishment, will improve.

In regard to nursing or feeding an infant, it should be with regularity; at least every three or four hours, and not oftener than every three hours. Sometimes in summer heat children become warm and thirsty; a drink of water or a bath—the latter particularly—will refresh and benefit them very much. Mothers often nurse or feed their children too much, particularly in warm weather. When children are feverish and fretful, five or six times at the most is often enough in twenty-four hours, and for an infant under three months old, two or three ozs. every two or three hours when not sleeping is usually sufficient. A child over three months should have more—say four or five ozs. daily, or four to eight ozs. five or six times in twenty-four hours. The amount of nourishment for a child should be in excess of the waste, for the growth and healthy development of the child. In a word, a child should be fed all it can properly dispose of. Healthy food—milk—requires about three hours to digest it; it is the

aliment provided by nature, and is in our opinion preferable to all others. At the same time, all depends on a good article, and the proper use of it; the baneful effects of bad nourishment are, to a great extent, confined to cities.

Respectfully, E. A. DONELAN, M. D.

IN the very hasty make-up of our first number, quite a number of errors unavoidably crept in—notably in Dr. Bryant's article and in the table of contents; and also in the present number, in the first page of Dr. Simmons's paper on the "Revelations of the Microscope," there occurs two or three errors—obviously typographical—occasioned by the misplacing of a proofsheets. We beg our friends to be patient with us, and we will do our best to "obviate the difficulty" in the future. We would, however, admonish contributors to prepare their manuscript with *care*, as it is then much more likely to receive favorable notice.

A VERY erudite friend of ours says that it is well indeed that man is not so perfect—not so iron-clad, morally speaking, that his character is not at some point vulnerable. Such a man, he thinks, would ride rough-shod over the residue of mankind. We occasionally meet with a man—particularly in the medical world—who, in remembering the faults of others, forgets his own; and thus, imagining himself hedged about with virtues, he sallies forth, intent upon the annihilation of some of his fellow mortals who are less perfect than himself. Happily, at this juncture, some one of his friends can call to mind a few derelictions on the part of the "iron-clad" individual, and he is brought to study professional conduct under altogether a different phase.—*Spectator*, July 8, 1880.

ST. JOSEPH is to have a new City Hospital. This institution is under the control of Dr. Kirschner, a member of the faculty of the College of Physicians and Surgeons. Daily clinics, throughout the collegiate season, will therefore be given at this institution by some member of the college faculty, and students who design attending medical lectures the ensuing winter in the above named college, will have the advantage of ample bed-side observation.

OUR secular contemporaries, the St. Joseph daily *Gazette* and the *Commercial Advertiser*, complimented our first issue with very flattering notices. We are sure that these courtesies were not intended to be viewed in a purely personal sense, but demonstrates that the journals named have an interest in every new enterprise which is started in our city, and that they are always ready and anxious to lend the influence of their pens in maintaining them. We extend to each of them our kindly acknowledgment, and to our friend, Dr. Jewett, our thanks for valuable hints.

A FOOLISH fellow named Dr. H. S. Tanner, of Minneapolis, is starving himself to death in New York for the edification of the physicians there and the sake of science. We certainly admire very much his disinterested enthusiasm, but our opinion of his judgment is, candidly, not of an exalted variety.

THE notorious "Dr." John Buchanan, the manipulator of bogus Diplomas, is about to come to grief. The minions of the law are at his heels, and the prospects are that he and his nefarious business will soon go down to oblivion together. It is said that eleven thousand of his bogus certificates are possessed by as many impostors, in this and other countries.

WE had the pleasure of meeting, at the recent session of the District Medical Society, Dr. Gordon, of Holt county. The writer has known Dr. G. for a quarter or a century as the Nestor of the profession in that portion of the State. His professional skill and benevolent heart have made glad the homes of the helpless and needy on many—very many occasions, when there was no remuneration in prospect except the "rewards of a good conscience." We were very glad to once again shake his honest hand. At the same meeting we met Drs. Goslin of Oregon, and Essig of Plattsburg, each of whom stands at the head of the profession in their respective localities—we may say in the Platte Purchase,—for we know of no two gentlemen to whom we can better award that distinction. Were all our professional brothers like these, then indeed would the profession of medicine be what it should—an honor to itself and a blessing to humanity.

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SEPTEMBER, 1880.

No. 3.

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ORIGINAL ARTICLES.

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CONJUNCTIVITIS.

BY JACOB GEIGER, M. D.,

*Prof. of Surgery in the College of Physicians and Surgeons, St. Joseph, Mo.*

---

The conjunctiva as a mucous membrane is liable to a superficial inflammation which is attended throughout by hyperæmia and swelling, at first by dryness, and afterwards by increased secretion, which may be either mucous or muco-purulent; or it may pass on to a purely purulent character.

When inflammation of the conjunctiva attacks patients beyond the age of infancy, it sometimes assumes a sporadic, sometimes an epidemic character.

The sporadic cases may be due to ordinary catarrh, or to irritation set up by dust, noxious vapors, foreign bodies, or to the hyperæmia induced by over-work of the eyes.

The conjunctiva is more or less injected, and the eyes

feel as if some gritty substance were under the lids, which are usually somewhat stuck together by discharge after sleep.

The diagnosis of uncomplicated conjunctivitis may be arrived at with certainty: When there is no vascularity or diminution of the transparency of the cornea, even at its margin; no loss of lustre of the iris, no diminished mobility of the pupil, no impairment of vision, and when the injected vessels can, for an instant, be wholly emptied right up to the corneal margin by slight pressure with a finger, through the medium of the eyelid.

Under certain circumstances, sporadic conjunctivitis may be a disease of great severity. When it is caused by inoculation with gonorrhœal pus, or with the secretion of pre-existing purulent ophthalmia of whatever kind, it rapidly produces extreme swelling of the cornea and ends in loss of sight.

Between these cases and those of the mildest kind it is impossible to draw any line of demarcation.

There may be forms of conjunctivitis in which the discharge is not contagious; but if so, there are no known signs by which these forms can be certainly distinguished from others; "and a cold in the eyes," as the people call it,—trivial in its character—frequently runs through the household, and affects some member of the family more than the rest.

It may be said therefore that simple conjunctivitis ranges from a very slight affection to the most virulent form of purulent ophthalmia; and widely different as are the extremes of the scales, they fade into each other by imperceptible gradations.

Severe conjunctivitis has four especial sources of danger, viz.: It tends to produce discharge of a contagious character, capable of reproducing the disease in others, not only by direct communication, as by actual contact through the intervention of fingers, sponges or towels,—but also through the medium of the atmosphere,—since the discharge finds its way by the lachrymal passages into the nose, and is carried off with the particles of watery vapor in the expired air.

It tends to produce hypertrophy of the papillæ of the membrane; and the hypertrophied papillæ, in their turn, tend to produce and maintain inflammation of the cornea, with

development of vessels under its epithelium, and consequent opacity of its substance. It tends to produce ulceration and destruction of the cornea by interference with its nutrition; and hence large opacities, anterior synechia and their consequences, partial or complete staphyloma, and thus, in many ways, impairment or even total loss of sight. Lastly it tends to pass into a state of chronic hyperæmia, which may continue for months, and which the smallest spark of irritation may rekindle into active and formidable disease.

The papillæ of the conjunctiva are analogous to those of the dermis, and are situated immediately beneath the epithelium. They are small and scattered in the vicinity of the free margins of the lids, larger and more numerous near the attached borders of the cartilages, and still more numerous but less elevated and with broader bases, in the regions of the palpebral folds. On the ocular conjunctiva they are few in number, or even altogether wanting, except in a narrow zone immediately around the corneal margin, and chiefly in the upper and lower portions. They are formed of connective tissue and vascular loops, and in the healthy state cannot be recognized by the unaided eye. After a short period of conjunctivitis, however, or of the irritation due to the presence of a foreign body, if we evert the upper lid, its inner surface, especially in its upper portion, will be seen to be studded with fine red points, like grains of dark red sand.

These are congested papillæ; and if the cause of the congestion be removed they soon return to their normal invisibility. After awhile, however, congestion passes into hypertrophy,—the more rapidly in proportion to the youth of the patient and the severity of the inflammation.

In quite an early stage of the purulent ophthalmia of infants we find the conjunctiva of the lids and of the palpebral folds distinctly villous. The enlarged papillæ stand out as numerous and considerable prominences.

As a sequel of longer continued inflammation in the adult, we find a similar condition almost permanently established; or, at least requiring persevering and well directed treatment for its removal. The lids are then said to be "granular," and in such cases there usually co-exists with the granular lids a

state of chronic vascularity and consequent turbidity of the cornea.

The word granular, as applied to this condition of the lids, is objectionable, because it does not distinguish the hypertrophied papillæ from granulations of other kind,—kinds which have their seat in the lymph follicles—which I shall refer to hereafter.

The papillary granulations are often large and salient, dark red or livid in color, and seated upon folds of hypertrophied membrane, which spring into great prominence when the lids are everted. After infancy, they are usually the indications of a former conjunctivitis, the acute stage of which has passed away.

In the early periods of inflammation the papillæ are to be regarded chiefly as increasing the extent of the inflamed surface—as adding to its hyperæmia—so that they both intensify the degree of the morbid process and enlarge its area, besides affording material for the formation of inflammatory products.

In the later periods they act as mechanical irritants of the cornea, and add to the state a chronic and to some extent passive congestion, which is from its very nature, in a high degree rebellious to treatment. The discharge of conjunctivitis in mild cases is only a slight exaggeration of the natural secretion of the membrane. Very soon, however, it may assume first a muco-purulent, and then a distinctly purulent character; and during this progress it acquires contagious properties.

There can be little doubt that the activity of the contagium bears a geneal relation to the severity of the inflammation, and to the purulent character of the secretion; and as little that certain varieties of conjunctivitis are more early contagious than others. But it is not possible to assert the non-contagiousness of any inflammatory conjunctival discharge, or to point out any character or combination of characters which indicates when the quality of contagiousness begins or ceases. It is obvious that, in this respect, much must depend upon the soil on which the contagium is received; and that a secretion which would be innoxious to a healthy eye



might be sufficient to produce inflammation in one predisposed to it, either by constitutional causes or by the existence of prior irritation of any kind.

Ulceration or necrosis of the cornea is the morbid process through which inflammation of the conjunctiva is most prone to occasion actual loss of sight; and it appears to depend upon an interruption, probably in the greater part mechanical, to the ordinary corneal nutrition.

The first indication that the cornea is threatened in conjunctivitis is given by slight elevation and irregularity of the epithelium at its margin. In the more violent and acute cases, with purulent discharge and great swelling of the lids, and of the conjunctiva of the eyeball, this irregularity of the epithelium is apt to be soon succeeded by a general haze or cloud, which may be the precursor of a process of simple death and disintegration of the corneal tissue; but which in cases of less severity, is usually followed by an encroachment of vessels upon the cornea, by inflammation of its substance, or by ulceration of a more or less inflammatory type. Under the influence of inflammation alone, the cornea may not only sustain permanent impairment of its transparency, but also softening of its tissue, tending to alteration of its curvatures by intra ocular pressure.

Ulcers, even small and superficial, may dot the corneal surfac, not only with cloudy patches, but also with facets interfering with vision; and when they are deep, they produce permanent and absolutely opaque cicatrices. If they perforate the cornea they are commonly followed by prolapse of the iris into the resulting opening, and by its permanent adhesion therein; and the anterior synechia thus produced not only feed the cicatricial tissue by the vessels of the iris and render it more extensive and more dense than it would be otherwise, but also by restraining the movements of the pupil, and by thus dragging upon the nerves of the iris and of the ciliary region, they frequently produce deep seated and ultimately destructive changes.

The chronic hyperæmia which may follow codjunctivitis will usually be found to lie hidden beneath the eyelids, and to be absent from that portion of the eyeball which is exposed

to the air by the natural opening of the palpebral fissure. It is probable that the air constricts the conjunctival vessels, and assists in restoring them to a healthy tone and normal calibre.

It is common to find persons whose eyes would at first appear to have recovered, but upon everting the lid great vascularity will be found lurking in the palpebral folds, therefore patients constantly suffer relapse where injurious influences are in operation.

The follicular granulations, as distinguished from the papillary, are little rounded eminences, the appearance of which the term "sago grain" almost sufficiently describes. They are colorless and semi-transparent, slightly elevated above the general level of the conjunctiva; and they may be found, if anywhere, on the retro-tarsal fold of the lower lid in the neighborhood of the outer canthus.

Anatomically they consist of mere assemblages of lymph-cells, the increase of which has wasted or displaced the meshes of the areolar tissue, so as to form cavities in which the cells are contained. When the lid is everted, the summits of the follicles are conspicuous by their whitish, semi-transparent aspect on the congested conjunctiva. The inflammation itself runs a course which is in no way distinguishable from conjunctivitis of an ordinary kind, although it is more liable to be ultimately followed by cicatricial shrinking of the conjunctival tissue.

This may occasion incurvation of the tassel cartilages, and may thus bring the lashes to rest upon the eye, besides destroying the natural smoothness of the palpebral surfaces.

In treating conjunctivitis as a sporadic affection, or as it sometimes occurs in a family, there is seldom any practical difficulty; and the cases if seen early will usually respond readily to judicious treatment.

The indications are two in number: First, to correct the general health,—as we frequently find more or less gastric derangement, constipation, anæmia, and debility. Secondly, to control the disease by local applications to the conjunctivitis.

In selecting suitable local remedies there is much room

for exercise of discretion; but the secret of success lies in the time and manner of applying them.

In the treatment of a case of actual conjunctivitis it is first of all necessary to ascertain that the disease is not due to the presence of a foreign body, and the next point is to observe whether the inflammation shows any tendency either to spread to the cornea or to interfere with its nutrition.

In very acute forms of this disease with much swelling of the lids and profuse purulent discharge, the ocular conjunctiva soon participates in the morbid action, and is elevated from the sclerotic by effusion between the two membranes; and in proportion to the degree and firmness of this effused material the life of the corneal tissue is threatened by arrest of its nutrition, and very rapid sloughing and necrosis may follow. In cases less severe we may have only corneal ulceration of an inflammatory type, or the development of vascular keratitis, which is recognized by loops of newly formed vessels encroaching upon the cornea.

It is evident that all these conditions require separate treatment. When the corneal epithelium is undisturbed, and the swelling of the lids not excessive, the mild metallic astringents are appropriate. From one to two grains of acet. of lead or sulph. zinc to the ounce of water, applied every six hours, will generally relieve an ordinary case in from four to five days; lead, however, is absolutely inapplicable if there is any abrasion of the corneal epithelium; it is liable to leave behind opaque deposits of white carbonate. The application is best made by everting the lid and allowing a few drops of the solution upon it. Nitrate of silver of the same strength acts admirably in some cases. Also the *f. e. hydrastis canadensis* from five to six drops to the ounce of water. A favorite prescription of mine, and one that I always use when there is much purulent discharge, swelling and pain, is composed:

R<sub>x</sub>

Sulph. Zinc,	}	- - - -	aa. gr. i.
Acid Carbol.,			
Atropine,			
Glycerine. - - - -			
Aq. Rosæ to make	- - - -	3 i.	
		3 i.	
		Mix.	

I have frequently used with good results an ointment composed of one part of tannate of lead, three parts of olive oil and one part lard well mixed, and apply a portion as large as a barley corn under each lid twice daily.

In some instances it will be found desirable to vary the astringent from time to time. Soothing applications are frequently indicated, and may be left to the choice of the surgeon. Compresses are very important. Water applications hot, cold or tepid, the temperature which gives the greatest comfort should be used.

---

## A CASE OF ARBUMINURIA.

BY M. H. ALTER, M. D., KITTANNING, PENN.

---

Mr. C., aet. 68, came to me last week with feeble steps supported by a cane and bearing marks of great depression. He complained of pain in the back and loins, a difficulty in voiding his urine,—or “avoiding it,” as he termed it,—and a general weakness. The temperature was normal, pulse 80, slight tenderness in the region of the kidney, but not markedly so. An examination of the urine with heat and nitric acid resulted in a precipitate; and microscopic examination showed an abundance of pus corpuscles, but no casts.

During the examination he frequently quoted passages of scripture, and complained of being a poor worm of the dust, and that this life was full of sorrow and pain, and that death would be a blessed relief instead of a thing to be dreaded, and impressed me with the idea that surely a good Christian life was a happy one, at least outside of urinary difficulties. He quoted largely from Jeremiah, Isaiah and Job, giving chapter and verse. About the time he had got to the lamentations of Jeremiah, 3d chapter, 1st verse, I was attempting to pass a number sixteen sound, and it suddenly occurred to me what the real diagnosis was; and gathering from the way that he had treated himself, and from a remark

about Dr. Gunn, that he likely understood what I meant, I remarked to him that I believed he was suffering from a pretty severe gleet. He promptly replied: "Yes, Doctor, you have hit it exactly." It seems that among his tribulations, trials and temptations, was a particularly handsome and wayward maiden,—he was an exhorter for some branch of the church, and sometimes preached,—she had led him from the path of virtue, and he had concealed and treated his condition until medical aid was a necessity. I gave him a prescription containing hydrate of chloral, bromide of potassium and carbolic acid as an injection, and some simple remedy internally, and with some counsel as to his method of life and restrictions in diet, I left the old man to his treatment and reflections. The last time I saw him he was "complaining of feeling a great deal better."

Now I do not give this case as a slur on religion or anything of the sort, but merely give it to show that one must not be misled by appearances. This solemn old man might have led us to believe he had Bright's disease of the kidneys; there was the albuminuria, but no casts. We must be cautious, and where the symptoms point us, follow—regardless of "age, sex, or previous condition of servitude."

---

## "SIMILIA."

---

Have we alopaths admitted the existence of the "Similia Similibus Curanter" law in medicine, as asserted by homœopaths? I mean the best of our school. If so, is it a universal or only exceptional law? Is it a fact that Hahnemannian medication is largely on the increase in our large cities, and is fast becoming popular? How about heat in recent burns? Cold in frost bite? Ipecac in vomiting? Rhei, aloes, &c., in diarrhœa? Colocynth in cramp colic, &c., &c? Is this allopathic or homœopathic treatment? Will some one who is posted and unbiased explain? If the above are correctly

answered in the affirmative would it not be manly to own it? None but those with limited education reject anything new before investigating it. Gentlemen, let us hear from you. Don't all speak at once. S. C. MAKEMSON, M. D.

PLUM HOLLOW, IOWA.

For information in regard to this matter we refer Dr. Makemson to—*Homœopathy—What is It?* A Statement and Review of Its Doctrines and Practice: By Prof. A. B. Palmer, of Michigan. The little volume may be had of Geo. S. Davis, Detroit. It will well pay any person who is interested in the subject, to procure and read this work. As directly bearing upon some of Dr. Makemson's questions, we may say that Dr. Palmer remarks that "during a sojourn of several months in Great Britain and on the continent many medical men were met with; but all inquiries made failed to elicit any important facts respecting the system, except from the general statement that it no longer received attention from the profession at large, and that it was not considered worthy of such attention." We are satisfied of the truth of this; and, furthermore, that in this country, (U. S.,) much of the importance of this as of other delusions, arises from the antagonism it receives. (*Obstetric Gazette.*) Our own observation leads us to think this humbugery,—for it can be properly called by no other name,—is not on the increase in this country, but on the contrary we believe it to be on the decline. The United States—congenial soil for the propagation of all delusions, has really been the hot-bed of this also—very few of the brood having found their way to regions beyond the Atlantic. I saw statistics of the profession of Great Britain only a few years since, and in the largest and most populous cities there was in quite a number of instances not a single homœopath, and in none of the others was there more than one or two. But this is giving the subject really more space than we ought to spare, and we refer our correspondent to the work mentioned—just out. We would suggest to our friend the propriety of leaving the word "Alopath" out of his medical vocabulary hereafter, as it is a word now only used by the homœopathic few, and like the residue of their stock in trade, has little significance in it.—[Ed.]

## SCISSORS.

MORBID JUVENILE PYROPHOBIA CAUSED BY MALARIAL TOXÆMIA.—Willis P. King, M. D., of Sedalia, Mo., reports the following to the St. Louis *Alienist and Neurologist*:

M. is a ten-year-old, pale, fair haired boy, of good intelligence, learns his lessons well, and has always appeared to have pretty good general health. There is no history of insanity, epilepsy, apoplexy, dipsomania or paralysis in his ancestry. His father, however, is a very nervous man; always extremely agitated and alarmed when any of the family are sick, and constantly fearing wind and rain-storms, and when the latter come, he confidently expects the house to be blown down or some other calamity to happen. He faints at sight of blood or on suffering pain. The mother is just the contrary. During the summer and autumn of 1879, M. had a certain ague, regularly recurring for a period of two or three months. A homœopathic physician treated him unsuccessfully. On the 27th of September, 1879, his mother consulted me about her boy. She stated that he had become so morbidly fearful of fire, that they could scarcely have a fire in the house, even for cooking purposes. On visiting him, I found his body considerably wasted from the prolonged ague. His face was very pale and puffy. His pulse constantly over one hundred, and his temperature above normal, the former being most accelerated, and the latter exalted in the afternoon. He ate but little, and slept fitfully. He was up and dressed, and generally "about the house," before the rest of the family, but spent a goodly portion of his time reclining on a sofa. All of his thoughts seemed to be taken up with the subject of fire. He stated to me that he knew the town would be burned down; the flues of all the houses were out of repair; the houses were nearly all of wood, and the people didn't seem to have any sense of their danger. His mother stated that when the bell of the City Hall rang the hours of nine, twelve and six, he would run

out in great agitation, exclaiming that there was a fire, and would scan the horizon in all directions for the object of his fears. He went repeatedly during the day from room to room, and inspected the stoves and the flues about the house. He went to bed at night protesting against the building of fires, and in the morning, when the cook began the preparations for breakfast, at the first noise of poker or shovel, he would bound out of bed (when at his worst, not taking time to put on his pants) and hurry down to the kitchen and would try to prevent the cook from making the fire. He had to be literally guarded by his mother during the preparation of the meal, and as soon as this was done, the fire had to be extinguished to allay his fears. He would deliberately extinguish the fire in the sitting room against his mother's orders. In one instance on a cool morning, when there was more fire than usual, he procured a bucket of water, and in spite of the exertions of his mother to prevent him, he succeeded in opening the stove with his foot—plunging his boot into the fire to keep the stove door open—and dashed the water into and over the stove and carpet. These contests were of daily occurrence. Threats of punishment would not deter him. Although very irritable, he conversed intelligently on all subjects except fire. Upon this subject he seemed utterly incapable of reasoning correctly. I discovered no evidence of epilepsia or epileptoid—day time or nocturnal. The sole exciting cause of all this pyrophobia seemed to be cerebral hyperæmia, dependent upon malarial toxhæmia. Upon consultation with eminent authority, he was put upon five-grain doses of quinine, three or four times a day; the bromides of sodium and calcium with the syr. calc. lactophos before meals. Ether was poured upon the crown of his head, and allowed to evaporate, several times a day. Under this treatment he improved steadily, after about the first week. Within six weeks he was apparently well, so far as the pyrophobia was concerned, but he was kept upon the treatment for some months, in order to prevent a relapse.

VACCINATION FOR ALL ZYMOTIC DISEASE.—The recent investigations of M. Pasteur, which have been presented from time to time to the French Academy of Sciences, will



prove of immense practical value in the prevention of chicken cholera, indeed of no less value than were his former studies of the silk-worm disease. Should that scientist succeed in making good his promise, a generalization might be made somewhat as follows: The poison of any zymotic disease may be so modified that it will have the same relation in the prophylaxis of that disease that vaccine virus has in the prophylaxis of small-pox. A more valuable contribution than that which these researches indicate, can scarcely be imagined.

**CHIAN TURPETINE.**—The London *Lancet* of March 27, 1880, contains the records of four cases of carcinoma uteri, treated by Chian turpentine, with the result of checking bleeding, fetor and pain, which were rapidly followed by diminution in the size, and finally entire disappearance of the morbid growth. The question of accuracy in diagnosis cannot arise when Professor John Clay is the observer, but the details of each case are fully given. The first patient aged 52 years, suffered from scirrhus cancer of the cervix and body of the uterus. Hemorrhage was excessive, pain of the back and abdomen agonizing, and cancerous cachexia well marked, the uterus so extensively destroyed that its cavity readily admitted three fingers. Six grains of Chian turpentine with four grains flowers of sulphur, were made into two pills, and both administered every four hours during the day. No opiates nor lotions used. On the fourth day the patient reported herself greatly relieved from pain, in better spirits, but complained of vaginal discharge consisting of a dirty white tenacious secretion, without blood or fetor; on the twelfth day this was replaced by a somewhat serous fluid. The os would only admit one finger; the patient's general health was improved; medicine well tolerated. In the twelfth week "the parts feel ragged, and do not bleed on roughly touching them." The other three cases were of a similar character, two of much more advanced condition, with enormous cancerous tumors; the treatment resulted in all, in the same way—steady improvement. In one, on account of the size and fungosity of the tumor after diminution under the turpentine had commenced, vaginal injections were used, in one instance, solution of perchloride of iron, in

the other arsenical solution, which Mr. Clay thought assisted in reducing the growths. Many experiments were made, in which various remedial agents were added to turpentine, and the other varieties of turpentine were also tried, but owing to effects upon the digestive or other organs which were more or less harmful, preventing necessary constancy in use of the medicines, they were all cast aside, excepting the sulphur. In order to administer the Chian turpentine in other than pill form, Mr. Clay gives the following formula which is said to be agreeable and readily taken for weeks together. An ethereal solution of the turpentine is prepared by dissolving one ounce of the turpentine in two ounces of pur sulphuric ether (anæsthetic):

R	Solution of Chian turpentine,	-	-	-	3 ss.
	Solution of tragacanth,	-	-	-	3 iv.
	Simple syrup,	-	-	-	3 j.
	Flowers of sulphur,	-	-	-	3 ij.
	Water,	-	-	-	q. s. ad. 3 xvj.

Dose, once ounce three times daily.

The remedy appears to act upon the periphery of the growth with great vigor, causing speedy disappearance of infiltration, and arrest of the further development of the tumor. Pain is promptly arrested, as are the hemorrhages. The cicatrization leaves the cervix nodular to the feel, and examination through the speculum shows small cicatricial depressions. Glandular involvement is prevented, and the peculiar cancerous cachexia disappears. The evidence adduced by the observer is of the most encouraging character, and the treatment certainly deserves extended careful trial. Patience and perseverance on the part of both phesician and patient are requisite, and the aphorism of Trousseau must not be forgotten that "chronic diseases require chronic remedies." If this agent proves as valuable as these cases indicate, in malignant disease of the uterus, may we not expect also good results when the disease affects other organs?—*St. Louis Courier of medicine.*

THE NATIONAL BOARD OF HEALTH, about a year ago, had at its disposal an appropriation of \$550,000. This money is almost gone and an appropriation of \$75,000 has recently

been called for by a bill which elicited considerable discussion in the House of Representatives. One amendment was proposed, striking out the \$75,000 and substituting \$125,000 and another substituting \$150,000. After a stormy debate, in which the board was arraigned for extravagance the bill, as originally reported, passed. During the year in which the board consumed this large amount of money no unusual epidemic was reported. How much would it cost to support this National Board of Health during a year of plentiful yellow fever or cholera? The fact that yellow fever did not flourish to any great extent last year is not much evidence that "the board stamped it out" as it claims. The officious and oracular and demonstrative procedures of the board during the past year have not convinced the nation and the profession of its usefulness. Its treatment in the House of Representatives is evidence of this fact and points strongly to the abolition of the board as at present constituted. This may be said, with no reflection upon individual members of the present board, many of whom we know to be of unquestioned ability and integrity. Manifestly the sanitary interests of a nation demand sanitary government and the requisite power must necessarily be delegated somewhere. Dr. Henry I. Bowditch, in an article published in the *Boston Medical and Surgical Journal*, January 8, 1880, proposes a reasonable solution of the the problem. He would have this power vested in a cabinet officer, the Secretary of Health, who should hold co-ordinate rank with other members of the cabinet; he should reside at the seat of government; he should have the right in great emergencies to summon sanitarians for purposes of consultation. He should also have an advisory council always accessible, for advice and support, and without whose support he could take no important step, and this council together with the cabinet officer should constitute a National Board of Health. This board should confirm all the doings of the secretary and by a two-thirds vote of the whole board should have the power to veto any proposed action of the secretary, in which emergency an appeal to the President should be made, who, with the secretary, should have absolute power. The English government has

adopted a similar plan. Such a plan would have all of the advantage of centralization, and, by giving the health officers absolute power, would enable them to act promptly and efficiently in great emergencies. It should be so organized as to render the national health department analogous to the national war department, which has in times of peace a nominal standing army, but which has the capabilities for almost unlimited expansion in the emergency of war. The war department does not in time of peace need \$500,000 men to demonstrate its usefulness. Nor does the health department in time of health require a \$500,000 demonstration of its usefulness.—*Chicago Medical Review.*

OVARIOTOMY.—The *British Medical Journal* contains an editorial mention of Mr. Spencer Wells' one thousandth ovariectomy, which was performed on Friday, June 11, 1880. A brief abstract of this editorial will prove interesting. The completion of one thousand operations was the brilliant consummation, under relatively easy conditions, of a struggle commenced under diametrically different auspices. In 1857, when Mr. Wells began, the operation had fallen into disrepute, and the operation which McDowell had originated forty-eight years before, had until then been taken up by others only with reluctance and timidity, and never with that success which inspires confidence. Ovariectomy was then, as Mr. Keith said, simply nowhere." Dr. Clay, who has achieved fair success in the provinces, had failed to convert either the provincial or metropolitan surgeons. So unjustifiable was the operation regarded that the brilliant and blighted Baker Brown on account of his many failures was threatened with an inquest on his next fatal case, and had not operated for two years when Mr. Wells began. Liston had stigmatized ovariectomists as "belly rippers." The great hospital surgeons were indefatigable in throwing discredit upon them. Besides great personal supervision of the minutest points of general after treatment, Mr. Wells at once put in practice and strenuously advocated certain details of manipulation, and of therapeutics previously more or less disregarded. He discarded the plan tying the pedicle and leaving the ends of the ligature hanging out through the wound;

he shortened the abdominal incision, and emptied the cyst before attempting to draw it out. He practiced extra-peritoneal treatment of the pedicle, and did not recur to the intra-peritoneal method, until antiseptics altered the whole position of the operation. He included the peritoneum in the sutures, uniting the abdominal wound, a practice based on scientific experimental evidence demonstrated by his preparations, which show the effect of sutures in uniting abdominal wounds in animals, now in the museum of the College of Surgeons.—*Chicago Medical Review.*

AS HAS BEEN SAID by one of eminence in our profession (Prof. Parvin): "If society does treat the medical man harshly and unkindly, is it any worse than medical men treat each other? Many of the worst things ever said of a physician, originally came from a physician's tongue. Society is often the mere whispering gallery, which echoes back these utterances. Were we more charitable towards each other, we would silence half the reproaches which are brought upon the profession."—*The Black Arts in Medicine.*

SOMEWHAT CROWDED PROFESSION.—In the "Sherley Will Case" before the Louisville court the other day, in reviewing the medical testimony, Colonel McKay, one of the counsel for the will, remarked upon the number of doctors in the world, and said that down "in his country, between the hills and the river, they are so thick that two had to ride one horse; and that, a flatboat having been stranded in the river one night, the next morning three doctor's signs were hanging out from its sides." We had wondered why the Colonel, who was himself once a "steam" doctor, had quit the profession.—*Louisville Medical News.*

## CORRESPONDENCE

WE commend to the perusal of readers and contributors the letter from Medona, Kansas, published below. The author has evidently become somewhat "agitated" over the absurdity of the idea so prevalent among writers for medical periodicals,—the idea that it is necessary in giving the history of any case of illness to go into a long, family history of the case—a large number of statements being made in most of these instances which have no relations whatever to the illness. Half the space required for the article is often taken up in this manner. If, therefore, the letter of our correspondent serves to show the folly of the fashion our space given to it will be well used.—[ED. REPORTER.

MEDONA, KANSAS, August 2, 1880.

*Ed. Med. and Surg. Reporter, St. Joseph, Mo.:*

DEAR DOCTOR.—I know you and your numerous readers, scattered all over the country, are always anxious to have reports of interesting cases, even though such reports crowd out other valuable matter. Reports of cases are always fresh and embody facts—pure, sifted, straight forward, pointed, unselfish facts,—statements meekly made that could not possibly have any influence on the narrator's professional standing. Usually they furnish very important data for the pains-taking statistician; and the voluptuous minutiae of age, sex, complexion, temperament, build, height, breadth, inherited tendencies, the social, moral, and intellectual standing; the habits—whether temperate or intemperate, and if a female the number of children she has borne,—their ages,—whether living or dead, and what physician she had with her in each of her confinements; and how she got up, and where she then lived; the ages, health and strength of their grand parents, the uncles, aunts and cousins,—are all given with an unflagging precision that is refreshing to the reader, even during these severe, hot days of August, when the thermometer stands at 103 in the shade.

As an example of this literature I will report a case that I hope you will give to the readers of your excellent Journal, as an illustration of the importance of the subject under consideration, and for the value of the facts furnished.

Mrs. A., aged thirty-seven years, four months and three days,—of very wealthy and respectable connections, the wife of the Governor of a distant State, consulted me, in company with Mrs. E., a banker's wife of Bedford, and Mrs. C., a wealthy lady now of California, but who lived for a great many years at Clifton, in a distant State also, and who had been relieved of a severe affection at my hands. These cultured ladies advised Mrs. A., and so did her family physician, a well posted and influential man, to consult me.

I learned from Mrs. A. the following facts in regard to her case: She was married and had had twelve children at full time, eight of whom were living and four dead. Two died of measles, complicated with bronchitis; one died of whooping cough. The others were healthy and sprightly. She is of a nervo-bilious temperament, well nourished, (as she is of a wealthy family,) weighs about 130 lbs., medium height and rather good looking. She has no predisposition to any of the inherited diseases. All of her relations lived to a good old age. One of her aunts was injured by a fall of which she never entirely recovered. Her monthlies have been very regular as to time and quantity, and free from pain. Her appetite has been generally fair; on one or two occasions she suffered from eructations and sour stomach. She has no headache or palpitation of the heart. Upon a vaginal examination I found a slight procidentia uteri, supposed from her history to have existed for some time. I placed her in the position recommended by S. Weir Michell for certain other maladies,—in the recumbent position, that is, on the back. In three months she was sufficiently recovered to return to her home. I give a letter just received from her husband conveying the gratifying intelligence that Mrs. A. has entirely recovered:

BEDFORD, August 12, 1880.

DEAR DOCTOR:—My wife has entirely recovered her health, under your judicious treatment and wise counsel.

I am gratefully, &c.,

NATHAN ANXIOUS.



COLLEGE CITY, CAL., August 12, 1880.

*Mr. Editor* :—The following views of fever and its treatment are respectfully submitted; however, they may be deemed as not in harmony with "Professional Authority." In relation to the pathology and treatment of fever, much of that authority—Dr. Austin Flint in particular—reminds me of the to and fro pendulum movement,—or of Lorenzo Dow's definition of Calvinism—"you can and you can't, you shall and you shan't, you will and you won't and you will be — if you don't."

So much that seems inconclusive, if not bewildering, in what is attempted as teaching, respecting symptomatic and idiopathic fevers so called. On page 775 Practice of Medicine, third edition, it is admitted that what has been ascertained respecting one fever, is alike applicable to all others; yet on same page it is asserted that different fevers differ, &c., without the accompanying fact and whole truth that this difference is in degree and not in kind; or as these exactly similar excitements are modified by cause and constitution. The axiom—remove the cause, &c., does not obtain relative to fever, from the fact of practical value that fever *developed* ceases to be merely an effect, but like our aggressive political demagogues, assumes at once supreme authority, and becomes the *cause*—negatively and positively—of all evil in each case. This view admitted, the *treatment* in every case is promptly to arrest this heat-engendering, secretion-locking, capillary-congesting, organ-destroying, rapid circulation—by adequate *sedation*. This is most obviously and imperatively demanded of every physician. Calm the excitement in fever by *sedation* just as you would arouse in depression by stimulation. Fever has been erroneously called *reaction*,—whereas, reaction is a most healthful provision, or effect of nature, or the accomplishment of art, in counteracting depression from whatever cause. The utilization of these views, (suggested, years ago, by a prescription of the great surgeon, Erickson, for surgical fever,) in a practice of some years has uniformly been gratifying, and with increasing gratification just as timidity has been chastened by enlarged experience, in the arrest, by direct or equivalent sedation, of every degree of



febrile excitement. The remedies I use are sedative diaphoretics—nitre, spts. mindererus, veratrum viride, &c., &c. And why not? The continuance of fever or the excited heart's action not only hedges the return of or progress to health, but is a continual menace of danger. Therefore the practicable subsidence of any and all febrile excitement is somewhat if not eminently analogous in importance to the brake for the car, the rein to the vicious team, or the effective police for the arrest of riot or crime.

Respectfully, S. DAVIS, M. D.

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## THE PEN.

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To one who has been for a quarter of a century deluged annually with Medical College announcements, it seems strange that there can be found inside of their covers one word that is either useful or instructive. However, as complete as this is, as a general proposition, yet like all other rules, it has its exceptions. We have before us the catalogue of the College of Physicians and Surgeons of Keokuk, for '80-81, and on it we see an item which will no doubt elicit the observation of others besides us. We presume the author designed it to be seen and noticed and so we will gratify his desire by letting him know that we have "seen it." The portion of the contents of said catalogue referred to may be seen on the upper right hand corner of the large envelope in which the circular is mailed, and also on the same corner of the last page of the circular itself,—an advertisement of one of the leading Professors of the school—a fac simile in form, feature and phraseology of that of the most notorious mount-banks of the day.

When we see such terms as "Surgeon in Charge," "ten treatments," "Surgical Institute," &c., &c., we at once form an "opinion" of the person using them.

In the Kansas *Medical Index*, we find some paragraphs

relating to an article of our own which appeared in the first number of the *Reporter* under the heading—*The Pen*.

Our article referred to the very gross injustice which had been done to to an eminent institution of learning in this city—the College of Physicians and Surgeons,—by the so-called Kansas State Medical Society, at its May meeting at Leavenworth.

The *Index*—the “organ” of the profession in Kansas,—if we are to believe its own language,—in an article in the July number, follows the same ambiguous course as that pursued by the published proceedings of the society—deals in *general* terms—makes insinuation and innuendo serve the purpose of plain and *specific* charges—fails to give the names of the parties or any one of them who are accused of insufficient acquirements,—fails to give the name of the “gentleman” or gentlemen “who were present and who were conversant with the facts.”

Now we have had this skulking and evasion long and plentifully. We wish the editor of the *Index*, the Board of Censors, the Kansas State Medical Society and the balance of Kansas man kind—if they feel interested—to state in plain terms the names of the *gentlemen* who made accusations against graduates of the school named, and the names of the graduates themselves. Speak *out*, gentlemen; do not deal in insinuations, as you know Webster says of this term—“it is justly regarded as one of the basest resorts of malice and falsehood.”

TANNER IN A NUT-SHELL.—This fellow who has turned the world upside down in the last few weeks by what is claimed to have been a total abstinence from food for forty days, seems to belong to that class of monomaniacs indigenous to America—the class of which Sam. Patch and Weston seem to be the best representatives. Anything for notoriety is their motto, and the broad credulity which is such a prominent characteristic of the American people, is the pabulum upon which such parasites feed. Nowhere else than in the United States could such humbuggery exist and flourish.

It seems that to lend respectability and credence to his

project, the fellow approached Dr. Wm. A. Hammond, of New York, formerly Surgeon-General of the United States army, and essayed to get him linked to his visionary scheme to "raise the wind;" but Dr. Hammond soon caught the drift of the fellow—pronounced him a "fraud and a humbug," and refused to have anything to do with him. The published reports then go on to say that "he commenced his fast under the auspices of the United States Medical College—looked after by Drs. Gunn and Reiley and Prof. Wark!"

This is all an intelligent physician need know to enable him to place a satisfactory estimate upon the "Doctor's" great feat. We regard it as a stupendous swindle from a to izzard; and only an acute piece of advertising for Tanner himself, the "United States Medical College," (a quack concern,) and the great Professors connected therewith.

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## EDITOR'S DRAWER.

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In a recent work on Jurisprudence, called the *Judge and Jury*, written by Benj. V. Abbott and published by the Harpers, the following is interesting to the medical profession:

Can a doctor collect his bill from the person calling him when the services are rendered to another? It is generally understood among physicians that the answer to this question is—yes. The courts, however, hold that the person who summonses the doctor as a messenger only cannot be charged with the value of the services. To make him pay, some other facts must be shown; such as that he promised, in so many words, that he would pay the bill. Of course such cases are decided differently where a husband, or the father of young children calls the doctor for his wife, son or daughter. Here the claim is valid against him, not because he is the messenger, but because he is responsible for the patient's support and expense. A wife, however, who deserts her husband, cannot, if she becomes sick away from home, run up a doctor's or druggist's bill against him; the charge then

must be against the lady. A druggist who sells intoxicating liquors or preparations of opium to a married woman, cannot recover pay from the husband. The husband may *sue* the vender of such articles for any damage done his wife's health. As to the rights of different schools of medicine, Mr. Abbott points out that up to 1844, there were laws prescribing medical studies, and limiting the right to collect payment for treating patients to persons regularly educated and licensed. Since the date mentioned, however, not only homœopathy, but other schools of medicine accounted unorthodox by allopathists, have been formally recognized before the law. About ten years ago there was some litigation relating to a will, in the course of which, a witness being asked whether any other physician than himself attended the testator, answered: "No other physician; I understood he had a quack, Dr. White; I would not call him a physician." Hereupon Dr. White, who was a homœopathist, being much incensed, brought a law suit, and the court declared that since 1844 it is slander in New York to call a practitioner a quack for no other reason than that he follows the homœopathic system. In general, the legal doctrine now seems to be that the patient and his friends are understood to employ a physician with the distinct knowledge of and preference for the system he espouses. A strong case to this effect is cited from Iowa, where a man called a "botanic" doctor to attend his wife, and afterward sued him for malpractice. There were allopathic doctors, plenty of them, to testify that the Thomsonian had neglected proper and necessary precautions in the case; but he proved that he had faithfully pursued the rules of the "botanic" system, such as they are. The court said that if he had done this he could not be sued. In a word, a doctor's duty, as defined by law, is to use ordinary skill and knowledge, such as are possessed by average practitioners of his own school; and if he does this the patient cannot afterward find fault because some other system would have suited the case better. The reader will draw the inference that it behooves him to know something about the system which a given physician advocates and applies.

EMOTIONAL INSANITY.—A man went into a Galveston

Dentist's office to have some teeth extracted. He had taken a large drink of brandy, as an anæsthetic, before going in. The dentist retired to another room and came back with a revolver and bowie knife strapped on his person. "When a man's breath smells of emotional insanity as yours does," he said, "I am not going to exasperate him unprepared."—*Newspaper.*

WE have sent the two preceding numbers of the REPORTER to a great many physicians whose names are not upon our subscription list. We send to their address also the present number,—with the request that each gentleman receiving the same will read and remail the same to us again—*if he does not wish to receive it regularly.* Those failing to return it will be considered as wishing it forwarded as before, and bills will be sent them in due time. Physicians returning a number will also please mail a postal card at the same time with their name and address upon it, calling attention to the fact. We hope our friends will do us this favor promptly, as it is a small thing to them individually—a matter of more magnitude, however, to us.

IN looking over the literature of the medical profession of our sister State of Kansas, one cannot but be surprised at the wonderful growth of "Medical Censors." They occupy every village and hamlet in the land; they fill the fence corners and lounge under the hedges;—in fact are like their own indigeuous drouths and grasshoppers—they prevail everywhere! So far as we are able to discover, there is but one simple, plain *Doctor* in all that broad State—our friend Zimmerman of Troy.

WE wish our medical brethren west of the Missouri river to remember that when we speak of *the* medical profession in Kansas, we refer, always, to the Kansas *State Medical Society*—the institution by whose authority doctors are legalized in that State at the rate of \$5 a head!

THE article in our first issue upon Western medical education, by a correspondent at Union, Cass county, Neb., seems to have awakened a general interest in the matter, as the article has elicited notices from most of our Western

exchanges. Even so far west as the shores of the Pacific they are beginning to inquire—why send our sons East or to Europe to make Western physicians of them? Build up our own institutions of learning is the sentiment—we have paid tribute to the East and to Europe long enough. We have fawned upon mere *name* long—and sadly to our cost.

ORIGINAL articles intended for publication in the current number, must reach us by the 15th of the month. MS. not accepted will not be returned except return postage is furnished by the writer.

WHAT means all this cry of "American Medical College Association,"—"Three Terms" made obligatory before graduating, &c., &c.? Does it really mean more acquirements and more learning to the students, or more *money* to the *Professahs*? Can students SEE IT?

THE postage on the REPORTER is prepaid at the office of mailing, by the publisher—quite an item of expense. Gentlemen will therefore see the necessity of sending the small subscription price if they wish the Journal sent longer to their address.

THE following journals have been received in exchange since our August number was issued:

The *Arkansas Medical Monthly*—a neat 48-page journal, edited by Dr. Johathan J. Jones, Little Rock. Subscription, \$2 a year. We like Dr. Jones' monthly, but think its appearance is marred by the advertising matter contained on the title page of its cover.

The *Kansas Medical Index*, Fort Scott, Kansas—a neat monthly of 32 pages, and edited by Dr. Dickman, is also on our table. Price per year, \$1.50. Each of the above journals noticed is in the middle of its first year. We welcome both of them to our sanctum, and hope they may each prove both pleasant and profitable to their worthy editors. The latter also has given a little too much prominence to advertising matter for the beauty of his *Index*.

The *Chicago Medical Review*, published on the 5th and 20th of each month by Chandler & Engelhard, 60 Wabash

avenue, Chicago, is also received. This is a large paged, double columned publication—26 pages to the number, and filled up by excellent matter. Price, \$2 per year. It is edited by Dr. E. C. Dudley, assisted by a corps of eight colaboers. This journal was, until recently, published under the name of the "*Chicago Medical Gazette*." Any of our readers who may desire fresh and entertaining professional reading at a very low rate, can obtain it by subscribing for this excellent *Review*.

The *Obstetric Gazette*—one of the favorites of the writer, comes to us regularly—has never missed a number since its issue,—and we welcome it as an old and respected friend. Dr. Stevens has indeed supplied a "long felt want" in giving Western physicians this excellent journal. We see that it is enlarged—a sufficient evidence of prosperity.

*Intro-Ovarian Pregnancy*, a monograph, by Dr. Talbot Jones, of St. Paul, is also received. This is an interesting reprint from the *American Journal of Medical Science*,—a copy of which will, no doubt, be supplied to any one desiring to see it, upon application to the author.

The *Medico-Literary Journal*, a sanitary magazine, edited and published at 2027 Mission street, San Francisco, by Mrs. M. P. Sawterlle, M. D., is on our table. This is a neat monthly, evincing marked ability in its make-up,—showing its editor to be as well versed in professional matters as most of her male compeers. The *Journal* is the size of the *REPORTER*, and is given to its readers at the *California* price—\$3 per year.

Vol. I, No. 3 of Dr. Ralph Walsh's *Retrospect* is at hand. This is a quarterly compendium of American Medicine and Surgery, published at Washington City, at \$2 per year, and is really the *most valuable* periodical yet received in exchange. The *Retrospect* is to this country what *Braithwait* has always been to our English cousins—the cream of the current literature of the profession. It is *full* of choice matter.

The *St. Louis Courier of Medicine*—Vol. 4, No. 2—is received. This excellent monthly is, like its two large immediate neighbors, the *Neurologist* and the *Medical and Surgical*

*Journal*, published in the same city, the reflex of noble enterprise and exalted purpose. It is published under the auspices of a number of eminent medical gentlemen in the central Mississippi valley, who, with their money and their pens, have determined to give to the profession a journal worthy of patronage, and right well they are succeeding. Dr. Nelson is the present managing editor, and we think the "association" would do a wise thing to make arrangements to keep him permanently in the place.

The fifth annual volume of the transactions of the Medical Society of the State of Arkansas is also received. It presents a neat and attractive appearance, and is filled with matter interesting to the profession—particularly those of the whole State from which it comes.

WE have received, in addition to the foregoing list of exchanges, a copy of the *North Carolina Medical Journal*, published at Wilmington,—Drs. DeRosset and Wood, editors. It is a neat monthly of 64 pages, and is well filled with choice matter, original and selected; \$3 a year. We welcome it to our table.

THE College of Physicians and Surgeons of St. Joseph is, we are informed from good authority, in the midst of great prosperity for so young a school. Indications point to a class of at least 100 for the ensuing winter. Young men of limited means, and whose *time* is also money, will do well to remember that this school adheres to the time-honored custom of *two* courses only, as necessary to graduation;—quite an item of interest to many worthy young men.

WE call the attention of our readers to our advertisements. Our advertisers, as yet, are not many, but what we have are *good*.

The old and well known drug houses of Messrs. Garlich and Samuel I. Smith, of this city, the advertisements of which are to be found on the second page of cover, are too well acquainted with the drug trade of the Northwest to need an introduction at our hands. It is enough to say to those who are not already acquainted with them through business relations, that they are reliable gentlemen, carry heavy stocks,



and are the leading wholesale firms in the drug trade in the Northwest. They can duplicate St. Louis and Chicago prices.

William Loving, E. Davis & Co., of this city, and Mr. J. P. Cooper, of Savannah, are engaged in an active retail drug business, and our physicians and the citizens of the surrounding country will do well to see their prices and note their straightforward manner of dealing.

Ernst & Brill are the leading booksellers and stationers in the city, having sold \$1,500 worth of medical books alone to medical students who attended lectures in the College of Physicians and Surgeons of this city, last course. "Fair dealing and satisfaction" is their motto.

The old reliable manufacturing firm of Detroit, Mich., Parke, Davis & Co., whose advertisement occupies the fourth page of cover, has a world-wide renown for the preparation of the best goods of any house in America. Their remedies are fast becoming *the* medicines of the age. Physicians everywhere can use these elegant preparations with safety and satisfaction.

The same may be said of the elegant manufacturing house of Sharp & Dohme, manufacturing chemists and pharmacists of Baltimore. They possess a confidence of the physicians of the West surpassed by no firm who deal in a similar line of goods, in this country or in Europe. Their advertisement will be seen on the third page of cover.

SANITARIANS assure us that the two elements in nature most likely to become the avenues through which the human system receives infectious materials, are the air we breathe and the water we drink, absorb and use in a culinary way. Of the two sources of contamination bad water is by far the most prolific source of disease;—water not deleterious as water but as to the substances, organic and inorganic, contained in it. Of the two varieties of morbid products contaminating the water supply of mankind, organic materials either necrotic or vital, of course supply by far the larger portion; and in cities and closely crowded communities this is the form of *materies morbi* which go to swell the death rate to such great proportions. Cholera, yellow fever, diphtheria, typhoid and

typhus fevers, and in fact all the more deadly epidemic diseases invade the human system through its water supply. Foul *wells* are the *death holes* from which the mortuary statistician receives his longest line of figures. *Wells* ought to be prohibited by law in all considerable cities where there is any other possible source of supply; and as to *cisterns*, in localities where the rainfall is sufficient to supply them, they ought to be subjected to the rigid scrutiny of the sanitary inspector. This ought to be enforced by *law*. Good health of the people is a part of a nation's or community's *wealth*, and from that consideration, if from no other, the laws should be made to take cognizance of the matter. Cities supplied by water works are in a great measure free from the above dangers, and in this regard we have to congratulate our own beautiful St. Joseph upon the early completion of her own. For ten years the writer has eschewed down-town drinking—preferring, even in the sultry August days of these long years, to do his drinking “morning, noon and night” from his cistern on the hill.

AS A FITTING termination to “Three Termism” we learn just at the eleventh hour that “Bellevue,” the College of Physicians and Surgeons of New York, and the Medical Department of the University of Vermont, and perhaps others of the leading Medical Colleges East, have withdrawn from the “American Medical College Association,” of which we have lately been hearing so much. How about the “small fry”—the tail to the great “Three Term” kite? They will, of course, adhere always to the “three term” system, because you see they went into the matter from the *honest conviction* that otherwise they were not doing their students justice! Ah! Yes!!

WE learn, incidently, that Dr. Geiger, of this city, removed an ovarian tumor weighing eighty pounds, from a patient at Maysville, on Tuesday last. We have no particulars.

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JACOB GEIGER, M. D., corner Third and Edmond streets, Professor of Principles and Practice of Surgery, Orthopedic Surgery and Clinical Surgery.

W. H. BRYANT, M. D., Savannah, Mo., Professor of Obstetrics and Diseases of Women.

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Increased interest has lately been aroused in this drug by a recent article by Prof. E. R. Palmer, of the University of Louisville, in the *Louisville Medical News*, in which strong claims are made for it as a possible antidote for the opium habit. The report of the cases treated by Prof. Palmer is such as will lead to a very general trial of this agent in the treatment of this pernicious habit. The large demand may lead to the disposal of samples of the drug which have deteriorated from long keeping. Our preparations of it are warranted genuine and fresh. It was with our fluid extract that Prof. Palmer conducted the experiments which have led him to regard the drug as a possible antidote to the opium habit.

**Jamaica Dogwood.** (PISCIDIA ERYTHRINA.) The reports which have already been received of the effects of this drug more than justify our action in placing it before the profession of this country. Making due allowance for the enthusiasm which its action has aroused, we would only say, that whereas, we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

**Manaca.** (FRANCISCEA UNIFLORA.) This drug is officinal in both Brazilian Dispensatories in which it is classed among alteratives of the more active and positive kind. So marked is its effects in the syphilitic cachexia, that it has been called *mercurio vegetal* by the Brazilians. It is recommended also as an anti-rheumatic, relieving the pain and materially shortening the natural course of the disease.

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J. P. CHESNEY, M. D.,  
*Editor.*

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THE SAINT JOSEPH  
*Medical and Surgical Reporter.*

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VOL. I.

OCTOBER, 1880.

No. 4.

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ORIGINAL ARTICLES.

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"MILK SICKNESS."

By J. P. CHESNEY, M. D., ST. JOSEPH, MO.

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The *Indiana Medical Reporter*, for April of the present year, contains an article from the pen of Dr. Gardner upon the subject of "Milk Sickness." That the article is one of more than ordinary interest to the profession generally, is evinced by the liberal copying which it has received—*Walshe's Retrospect*, the *Quarterly Compendium* of Brathwait, and numerous other journals, having given the article a prominent place in their pages. Aside from its attractions as a scholarly and spicy paper, which might well elicit the interest of the casual reader, it has *peculiar* attractions to myself—being based upon a theme which long ago deeply interested me, and upon which the literature is meagre and uninteresting.

The "Milk Sickness" is an obscure malady, indigenous to Tennessee, Kentucky, Indiana and Illinois,—to *portions* of all of these States, for it is found in only limited and widely

separated localities in each of them, and occurring only perhaps in a very small neighborhood, when found to exist at all.

The malady is peculiar in this, that it only attacks *domestic* animals—notably the horse and cow—wild animals, as the deer,—and the sheep, goat, hog, &c., among domestic animals never having been, so far as I am aware, attacked with it. As I said above, Dr. Gardner's article excited in my mind a deep interest, as this *milk sickness* had impressed my boyhood's mind with a longing to know something of its causation, and a dread and shudder at its mention.

It was this way : 'The malady was not known in Kentucky, save in the immediate vicinity of my father's farm. Indeed this farm, which consisted of some hundreds of acres of rich upland, was considered by the people of the vicinity to be the headquarters of the pestilence, and in this way possessed quite an unenviable notoriety.

Horses and horned cattle, if allowed to range upon these rich uplands during the autumn, were sure to get "poisoned," to use the term generally—I may say always—applied to the affection by the populace. The animals were commonly, but not always, "poisoned" during the dry warm weather incident to the "Indian summer" of that lovely climate,—although I have known it to occur in mid-winter during very wet weather when the branches and springs were flush. It was the prevalent notion among the denizens of the neighborhood, that the causative agent was *vegetable* in its origin—the product of the deep, dark soil of which I have spoken ; and, forty years ago, the date of which I write, the people always vaguely suspicioned as having something to do with the mischief, the abundant growth of tall "white lop" (*eupatorium agertoides*,) which overspread the lands and was in full flower at the season of greatest danger. Dr. Gardner makes mention of this notion also as being prevalent among the citizens in the poison districts of Indiana. Wherever this weed was found, the milk sickness prevailed, but whether as a mere coincidence or as having a relation as cause and effect I have no means of knowing. Later, people began to think the water the source of danger. The noxious agent was not known to affect man, save through the milk and butter of

cows sick or contaminated with it—though the *flesh* of animals dead of the malady caused speedy death in *dogs* that preyed upon it. Beef being a commodity not in common use among our neighbors, I never knew of the transmission of the malady to man by that means, though doubtless its effects would have been in man analogous to those observed in his canine cousin—death ; or if recovery should have happened, then a stiffness and decrepitude similar to that observed at the present day in those in whose muscles the trichinæ have become encysted. I well remember that dogs that had been “poisoned” when they recovered were never the “same dogs” again—always stiff and worthless—essaying to run but unable to do so, and even unable to climb an ordinary fence. Milch cows that conveyed the malady to persons were of the contrary kind that would “lay out” a day or two, and upon being driven home apparently well, may be milked, the milk used by the family and then the symptoms of poisoning perhaps would happen simultaneously in both cow and persons. I was too young to remember the symptomatology of the malady as it appeared in persons, but I remember well the tremulous, thirsty, apathetic, stiffened condition of the animals, and their total loss of all desire for food, suspension of all action in the kidneys and bowels and speedy death—not living longer than forty-eight hours from the time of infection. People had become so watchful that it was not at all common for persons to become victims to the malady ; it however sometimes caught them off their guard, as happened in the Thomas family, our near neighbors, who lost their charming little children one September—victims to that (commonly) most welcome of all childhood’s nourishment—a draught of sweet milk. In the Thomas family, and among those who used the noxious milk, was a young school teacher,—a boarder, and he too was prostrated but recovered. This was a quarter of a hundred years ago. I had thought nothing of his case until within a week *before* reading Dr. Gardner’s article I received a letter from the old teacher saying “I have never been myself since I was poisoned.”

Now Doctor Gardner’s investigations satisfies him that the malady is not a *poison* at all, but depends upon the pres-

ence in the blood (and in the other structures also?) of countless millions of *bacteria*—living organisms—*vegetable* in their nature. Dr. G. evinces a thorough acquaintance with the scientific aspect of his subject, and leaves no place for mere *speculators* to offer a suggestion; but it would certainly have struck *me* more forcible if he could have given his *bacteriae* host an *animal* rather than a vegetable organization. The *truth*, however, is what is desired, and not mere compliance with a handy theory.

I said that *hogs* didn't become affected with the malady; but a year or two previous to quitting the old Kentucky farm, now twenty-eight years ago, my father had on a clover field adjacent to and connected with woodland pasture where the "white top" grew abundant, a large lot of fat hogs. They nearly all died with a malady we supposed to be the "poison," because it was in a very dry, hot time toward the end of summer or in the early fall, when the springs were very low and water very scarce. I had since thought this to have been hog cholera, but as there had at that date none of that malady appeared among the hogs in that country, and the locality where the clover field was situated was remote from any highway and wholly secluded from all chances of casual infection with cholera poison, I am now of the opinion that their fatality was caused by the bacterial life which also destroyed the cattle and horses when ranging upon the same grounds.

In carefully reading the above article, it will be observed that there are more than one circumstance which militates against the bacterial theory for the origin of the milk sickness, but it must be remembered that the observations are those of my boyhood, and I do not place the same reliance upon their accuracy as upon the scientific deductions of Dr. Gardner. Some incidents connected with these "poisoning" days come back to my mind with great vividness. Upon one of these occasions, when my mother was lying low with an autumnal fever, and good old Dr. Taylor was attending her, —stimulated by that visionary "government reward," he empounded a bullock belonging to our farm and administered to him various weeds and plants, hoping thereby to discover

among them the hidden and mysterious agency of the "milk sickness." He fully expected to find it in the lobelia inflata—a plant which grew in plenty in our cornfields. The good old Doctor's laudable desire to handle some of the "government's" ducats as a reward for an important discovery proved illusory—the light of the microscope and microzomes never having bothered his brain.

Another thing which impressed my youthful mind—although not strictly relevant to a medical article—was the hideousness of the nightly glare caused by the great fires built by the farmers to consume the bodies of their horses and cattle dead of the poison. I can never forget it.

---

## HEADACHE.

By F. A. SIMMONS, M. D.,

*Lecturer on Diseases of the Nervous System in the College of Physicians and Surgeons, St. Joseph, Mo.*

---

This disagreeable and common affection is associated with so many dissimilar conditions and originates from such a variety of causes—immediate and remote—that its pathology and treatment are more unsatisfactory, perhaps, than any subject in the whole range of medical practice. In England, when all other causes fail to account for an attack, it is called *gouty*. In America, it is *sick* and *bilious*,—occasionally *rheumatic*,—but never *gouty*. These terms greatly influence the ideas the profession have of the pathology of the disease and their plans of its treatment. It should not be considered as a disease of itself, but should be regarded as a painful expression of encephalic change, a symptom—associated it may be, with various organic lesions—with hyperæmia, anæmia, hyperæsthenia, or with hyperacute sensibility to all impressions, especially those of a reflex nature, originating in causes connected with the bladder, uterus, disorders of the stomach or other organs, or those reflected from other distant parts.

A knowledge of these conditions has a great practical bearing in the treatment of headache. The remedies, suitable for one form may aggravate that of another variety. There is no safe, reliable, universal, panacea ; no one drug that will cure all these conditions. The search should not be for specifics unless in pathological culture and physiological research. The specific condition should be ascertained and then the specific drug selected to alleviate the pain of that condition.

The headache of hyperæmia is associated with a determination of blood to the brain and a fullness of its vessels. There is pressure exerted by it upon the duramater and piamater ; and these membranes being acutely sensitive, pain is produced with a feeling of constriction. There is heat of the head, redness of the face, throbbing of the carotids, fullness and force of the pulse, ringing in the ears, vertigo, congestion of the conjunctiva, contracted pupil, and in severe cases nausea and vomiting. As recumbency facilitates the afflux of blood to the brain, it generally increases the pain.

Relief may be sought, by depletion, purgatives, cold applications to the head, ice water, ice bags, chloral hydrate in xx grain doses, bromide of potassium in xx to xl grain doses, and by ergota in teaspoonful doses of the fluid extract.

Those reduced by acute disease, by hemorrhages, leucorrhœa, prolonged lactation, malaria, and those affected with leukæmia, tuberculosis and chlorosis have *anæmic headache*.

It is recognized by the history above given, by a slow languid pulse, dilated pupils, cool surface, pale face, and by a look of weariness and depression.

The treatment requires quietude of body and mind, stimulating and anodyne remedies, ammonia, camphor, opiates, ext. guarana—℥ss to ʒi ; spirits,—brandy, whisky, &c., during the attack, and iron, strychnia, quinia, arsenic, bathing, electricity, and nourishing diet to tone up the system during the interval.

In the hyperaesthetic headache we have excitement and a peculiar sensitiveness of the brain that render it painfully cognizant of impressions that ordinarily would not affect it at all, as we have spasms and convulsions from slight noises

—as the rattling of water—in similar conditions of motorial irritation caused by brain poisoning from strychnia, hydrophobia and other poisonous agents. The accumulation of *urea* in the system produces this irritable, painful, neurotic condition of the brain so favorable to headache. Some of the most severe and persistent headaches I ever saw were associated with Bright's Disease of the kidneys. Other poisonous agents also affects it thus. This painful predisposition and impressibility is, sometimes, left by sun stroke. Sometimes it is the legacy of inheritance. Come as it may, or however produced, when this painful presdisposition exists, slight exciting causes from without or from within are sufficient to develop an attack.

Mental and bodily fatigue, exposure to the sun's rays, loss of sleep, imprudence in diet, the excessive use of tea, coffee, tobacco, and spirits, may be mentioned as familiar examples. The irritations reflected from distant parts and organs, as those of the uterus, bladder and stomach, have been mentioned. This neurotic condition of the brain may be more or less present in all the varieties of headache. It may be associated with anæmia or with hyperæmia.

In the treatment, opium or its alkaloids,—morphia, or codea,—when not contra indicated by some individual idiosyncrasy is the surest and speediest remedy we possess to alleviate the attack. Hydrate of chloral in xv grain doses, repeated every hour or two till relief is obtained, is a valuable remedy, especially where there is some hyperæmia. So, in the same condition, are the Bromides, in full doses. Caffeine in ii to v grain doses, in tea or coffee, fluid extract of guarana (*Paulinia Sorbillis*) in ʒss to ʒi doses, are pleasant and good remedies.

To prevent a return of an attack the system should be toned up during the interval and put in as perfect a state of health as is possible. In most cases tonics are indicated. Other organs should be carefully interrogated for sources of reflex excitability.

## SCISSORS.

THE SUBSTITUTION OF A LEAD PLATE FOR A PORTION OF THE FRONTAL BONE—By M. H. Post, M. D., in the St. Louis *Courier of Medicine*:

Some two years ago, while assistant physician to the St. Louis Female Hospital, a patient came under my immediate charge, suffering with tertiary syphilis. She had passed through the preceding stages, and during part of the time had suffered great pain, and had acquired the opium habit, at times taking as much as a drachm of morphine a day. One night, while under the influence of morphine, she struck her head against a nail (this is the account given to me, but I think it doubtful, as there are a number of scars on her forehead), which resulted in necrosis of the bone.

When she came under my treatment, she had several gummata, and an ulcer upon her forehead, exposing the bone. She was put on as large doses of potassium iodide as she could bear. She was cured of the morphine habit; and the necrosed bone, separating from the living bone, was removed. After being in the hospital for a number of months, she recovered, and was discharged.

During the month of April, 1879, the woman came to my office to know if I would not do something to improve her personal appearance. At that time her health was good; but there was a deep depression near the center of her forehead, where the loss of bone had occurred. The depression was about  $\frac{1}{2}$  inch deep,  $\frac{3}{4}$  inch in its transverse axis,  $\frac{1}{8}$  inch in its vertical axis; approximately rectangular. It was noticeable at some distance, and was too low down to be covered with her hair. She wished me to fill it up in some way. I tried to dissuade her, telling her that any thing introduced beneath the skin would irritate, and ultimately ulcerate out, making a larger scar than the original one. I consulted with several medical gentlemen about the case, and they all advised me to leave it alone; and I was very sorry when the patient



reappeared. I told her the chances were nine out of ten against success ; but she insisted, and agreed to take the risk. Accordingly, June 24th, 1879, with the assistance of Dr. McCandless and Dr. F. Glasgow, I performed the operation. The day previous I took a cast of the depression in plaster of Paris, from which I made a lead plate. My reasons for using lead were that the tolerance of bullets in the body seemed to teach that lead is innocuous ; lead was much cheaper than silver, and at the last moment could be cut into a new shape, if necessary. The patient had been taking potassium iodide for some days.

As soon as the patient was anesthetized, I made a horizontal incision about half an inch above the upper margin of the depression ; through this cut I dissected up the skin and scar tissue, keeping close to the bone. When the depression was reached, there was considerable difficulty, as the scar tissue was extremely thin, and firmly adherent to the bone. The dissection having been accomplished, the lead plate was slipped in, and the horizontal incision sewed up. The knives used and the plate were immersed in a weak solution of carbolic acid in water. The plate weighed a drachm and a half. The wound was dressed with cold water dressings. There was considerable redness and heat following the operation, and considerable serum was effused about the plate, so much that twice I drew it off with a hypodermic syringe. The case progressed favorably, and I find in my note book, "July 28th, the forehead is smooth, and there are no signs of inflammation."

A bandage was worn about the forehead for some time to keep the plate from moving about, and it also was pleasant to the patient, as it seemed to relieve a sense of weight which the plate produced. This has been given up, and there are no signs of the foreign body doing any harm, it having been tolerated over a year.

There are three points particularly to be borne in mind—1st, the plate lies on bone ; 2d, it is covered by scar tissue ; and, 3d, the scar tissue is not more than  $\frac{1}{8}$  inch thick.

I saw the patient to-day (June 30th, 1880); the plate was in place, giving no trouble, and was filling its purpose so well,

that I found myself examining the wrong portion of the forehead.

THE EFFECTS OF CONTINENCE ON HEALTH—By Geo. M. Beard, M. D.—Dr. Beard, in an article in the *Medical Record*, of the 8th inst., discusses in a free manner this very important subject. As the result of his studies, which include a careful and repeated inquiry into the habits of patients, and conversation with very many physicians in regard to the points involved, and inquiry into the habits of savage, barbarous and semi-civilized races, so far as practicable, through all authorities on sociology, Dr. Beard comes to these general conclusions: (1) Absolute continence is possible for an adult male and consistent with health and longevity, with the relief that comes from occasional involuntary emissions, provided that the person is originally strong in his nervous system. (2) Individuals of nervous and sensitive organizations find it very difficult, and often times impossible, to lead an absolutely continent life without suffering from nervous symptoms, which in some cases are of a serious and crippling character. The lower one is in the stage of evolution, the easier it is to be continent; the higher one is in the stage of evolution, the more difficult it is, other things being equal, to be absolutely continent without being thereby perceptibly affected. He draws an analogy between the other functions of the body and those of the reproductive system. Among the brain-working, active, nervous people, there are those who, if they abstain from a single meal, or even delay a meal beyond the usual hour, are liable to be attacked with headache, become fretful and irritable, and manifest other symptoms of nervous derangement. The savage, however, can go for days without eating, and when he does, can gorge himself with but slight and temporary harm. In this feature the reproductive system follows the same law as the digestive system. The more complex, sensitive and impressive the organization, the more likely are we to suffer from unnatural and prolonged abstinence. There can be no general, sweeping, universal and cast-iron law upon this subject, fitting to all nations and races, conditions, temperaments and idiosyncrasies. In this,

as in everything connected with the nervous system, each case is its own special study. (3) Absolute and prolonged permanent continence apparently reacts unfavorably on the mind, depriving it of its highest possibilities. The nervous system may be sound and free from perturbation, and at the same time be far below its possibilities of activity and fruitfulness. A person may be well and remain well all his life without ever reaching a condition where the mind is at its highest stage of activity and productiveness. It is a part of the actions and inter-actions of the different organs on each other that the exercise of the sexual functions, like the exercise of the digestive functions, stimulates and sustains the exercise of the intellectual—the higher nature is reinforced by the lower. The distinctive mental characteristics of persistent old maids and bachelors—qualities which they would not have had if married—represent, when properly analysed, not gain, but sacrifice. Biography shows that the genius of the world have been prone rather to over-indulgence, both of the reproductive and digestive systems, and there is yet no evidence that any of the best intellectual work of the world, in any department, has been done by persons of the continent class. Out of the vast amount of valuable work which has been done and is being done by those whom we have reason to believe are continent, there is little record of any considerable creative work which has directly changed or is likely to change the destinies of mankind. (4) Sudden and violent change in sexual habits, especially in matured years, reacts very injuriously, and sometimes very seriously on the nervous system. Changes of this nature, in a nervous constitution, have produced important and complex and distressing symptoms of the nervous system. Those who have followed the cases of nervous derangement in young men, with sexual neurasthenia, have found that they have always been preceded by a sudden stoppage of sexual excesses, followed by rigid continence. Young men are very rarely affected by any of those symptoms while they keep up the habit, unless the habit has been carried to very great excess ; indeed, it is the sudden leaving off, caused usually by reading the books of some charlatan, which bring all the unpleasant symptoms which

drive them in despair to the doctor. There are those among the German writers, and others also, who hold that those young men always lie, that they are still keeping up the habit when they consult us. This is an inference which is not justified by the facts, and is certainly not correct in many of the cases. After closely studying the histories of these young men, Dr. Beard has found almost always, that while they maintain the habit even for many years they are not distressed, but within a few months or years after stopping they are afflicted with morbid fears, hypochondria, headache, insomnia, fear of society, profound exhaustion, with some other symptoms of nervous derangement. In discussing the remedies for the conditions ensuing on continency, Dr. Beard denounces the indiscriminate and off-hand recommendation of marriage, as unscientific as is the indiscriminate recommendation of other hygienic and therapeutic measures. Marriage may possibly relieve the condition referred to, but some of the best results of treatment occur in those who do not get married but who live continent lives.—*Abstract from Michigan Medical News, May, 1880, p. 157.*

**THERAPEUTIC AND HYGIENIC MANAGEMENT OF CONSUMPTIVES.**—James T. Hibberd, M. D., of Richmond, Ind., in a paper on the above subject, which appeared in the *St. Louis Medical and Surgical Journal*, sums up his conclusions as follows: 1st. Consumption is a self-limited disease; and 2d. It should, therefore, be managed through its stages as is done with other disorders of its class. 3d. Statistics point to the conclusion that rather more than 11 per cent. of consumptives will recover if left to nature entirely. 4th. Clinical study leads to the inference that judicious treatment may increase this percentage of recovery. 5th. A survey of the popular professional methods of management raises the presumption that they are far from the best. 6th. Consumption has no specifics and demands but little medicine, the only drugs required for their essential and direct action being the alkaloids of cinchona and opium, and perhaps iron. 7th. Recognizing the real nature of consumption, the profession should set their faces firmly against the multitudinous remedies pre-

scribed in many text-books, and positively repudiate the numerous nostrums now so industriously forced on the attention of practitioners by manufacturing chemists and other mercenary persons. 8th. Rational simplicity in therapeutics is desirable in all diseases ; it is a scientific and a humane necessity in consumption.—*Med. and Surg. Rep.*, April 10.

ON A NEW METHOD OF ARRESTING GONORRHOEA—By W. Watson Cheyne, M. D., F. R. C. S., Assistant Surgeon to King's College Hospital:—Having been for some time past occupied with the problem of the infective diseases of wounds, the subject of gonorrhœa, as an infection probably belonging to the same class of diseases, has occupied my attention. The extreme contagiousness of this disease, the existence of a distinct period of incubation, and the steady spread of the inflammation from a given spot, all strongly point to a parasitic origin. Acting on this idea, I made, in the spring of 1879, a number of inoculations of gonorrhœal pus, under certain precautions, into flasks containing infusion of meat or infusion of cucumber. In these flasks micrococci grew in large numbers, and also sometimes bacteria, showing that these organisms were present in the gonorrhœal pus. Circumstances prevented me from pursuing this subject further at this time. In the meantime Dr. Neisser published an elaborate research on this subject, in which he showed the presence of enormous numbers of micrococci in gonorrhœal pus, and in the pus from contagious ophthalmia. He further asserted that these organisms were always of a definite size, and that they differed in respect of size from the micrococci found in wounds. The presence of large numbers of micrococci in gonorrhœal pus has since been confirmed by several observers. Whether these micrococci are the cause of the gonorrhœal inflammation or not, I do not attempt to say, but the general history of the disease, taken together with these facts, points strongly to the idea that its essence consists in the growth of these or allied organisms. If this disease be due to the spread of organisms, where are they situated? Several facts lead to the supposition that they are not only free in the urethral canal, but that they are also present in the sub-

stance of the inflamed mucous membrane. Thus, in the case of erysipelas, it has been demonstrated that the skin at the margin of the inflammatory redness is full of micrococci. Koch found, in his case of erysipelas in rabbits, that bacilli were present throughout the inflamed part, and co-extensive with the inflammation. The same writer obtained progressive gangrene of the tissues in mice by the injection of putrid blood, and he has demonstrated conclusively that this gangrene is due to an organism, strepto-coccus, which is present in large numbers around the limits of the gangrenous part. A similar observation was made by him in a case of spreading supperation in rabbits. Mr. Lister has long held the opinion that, in the case of putrid sinuses, the organisms were present, not only in the canal of the sinus, but also in the substance of the unhealthy granulation tissue lining them. This view has been justified by the fact that, though formerly by the injection of the sinuses with antiseptics, he did not often succeed in eradicating the septic element, yet since he has adopted the use of Volkman's sharp spoon, and has removed the layer of granulation tissue lining them, success is by no means uncommon. And, lastly, I have demonstrated that, though many forms of organism will not survive if introduced into a healthy animal, yet if an animal be previously in a state of ill-health, these forms of organism are not destroyed but may be found alive in the blood or tissues.—*Chicago Medical Review*.

**HYSTERICIS IN YOUNG GIRLS.**—Dr. Wm. Goodell recommends the following for hysterics in young girls: "When you are called to treat a young girl with an hysterical attack, there are three things which you had better do: (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly: take a good-sized lump of ice and press it right down upon the nap

of the neck. This produces quiet by its powerful impression upon the nervous system. When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafoetida,—none of your small two or three grain doses, but ten grains all at once.”—*Maryland Med. Jour.*, May 15.

**ABSCCESS OF THE LIVER.**—Dr. J. Marion Sims read a paper on this subject before the Virginia Medical Society at its last session, from which we select the following: Dr. W. A. Hammond, New York, in common with preceding authors, tells us that abscess of the liver may exist without giving rise to any characteristic general or even local symptoms. Dr. Hammond’s attention was first drawn specially to this subject a few years ago, by a patient of his (with spinal paralysis) falling out of bed and striking the right side against a wooden bucket. After awhile the patient complained of some gastric derangement and pain occasionally in the right shoulder. But the most marked symptom was hypochondria. There was no decided pain in the liver, and no enlargement of the organ. Dr. Hammond thought he detected slight fluctuation, but was by no means certain of it. However, he determined to aspirate the liver. He did so, and evacuated fifteen ounces and a half of pus. The general health and mental condition of the patient at once improved and he remained well after this, suffering only from paralysis. In 1876, Dr. Hammond saw another case where he was led to believe there was abscess of the liver, not because there was any local evidences of it, but because of the mental and moral condition of the patient. There was no pain in the liver; no enlargement of the hepatic region; no tenderness on pressure, and he was not sure there was fluctuation. Knowing that aspiration properly performed was a harmless operation, he did it, and removed eight and a half ounces of pus. The mental symptoms disappeared at once, and his patient was permanently restored to health. From this time, Dr. Hammond began to associate abscess of the liver with hyperæmia of the brain, depression of spirits, hypochondria, insomnia, and unpleasant dreams, with occasional gastric derangement. The promi-

nent symptoms are congestion of the brain, insomnia, and great depression of spirits. Guided by brain symptoms alone, Dr. Hammond has repeatedly aspirated the liver where there were no physical signs of disease and evacuated pus. But in the majority of cases he has detected the presence of pus by palpation—in some, where there was no seeming enlargement of the organ, and no pain on pressure. His method of determining this is very simple. He places the patient on the back, puts the points of the index and middle fingers of the left hand between the eighth and ninth ribs, a little in advance of the line falling from the middle of the axilla. Then, by gently tapping or percussion at a point about two inches above the umbilicus, and a little to the right of the middle line, fluctuation may be detected by the fingers of the left hand. Dr. Hammond has aspirated the liver for abscess twenty-six times within the last two years. In fifteen cases he evacuated abscesses and effected cures. In eleven cases the operation was unsuccessful, but attended with no ill effects whatever. Dr. Hammond passes the aspirating needle through the intercostal space between the eighth and ninth ribs, at a point about an inch in advance of a line drawn from the axilla to the pelvis. In very nervous subjects, he administers an anæsthetic. In very many he deadens the sensibility of the skin by the application of ice and salt. Everything being ready for operation, he pulls the skin up for an inch over the point to be punctured, so as to make a valvular opening; and then thrusts the needle, previously antisepticated with carbolic oil, into the substance of the liver, from the depth of one and a half to two and a half inches. If, at the depth of two and a half inches, matter does not appear, then there is no abscess in the right lobe of the liver. Abscesses exist sometimes in the left lobe of the liver, but far more frequently in the right. All of Dr. Hammond's cases (except two) have been residents of malarious districts, either in the South or West.

**ANTISEPTIC MIDWIFERY.**—Dr. Matthews Duncan, in a recent paper on this subject, presents many practical suggestions of value. Dr. Duncan says that by far the most fre-



quent of the causes of puerperal deaths are pyæmia and septicæmia. Both these diseases involve or imply inflammatory processes, and both are essentially septic; and it is against them that antiseptic midwifery wages war, and in which he said it had already achieved great success. His remarks were confined to the local use of antiseptics. He pointed out that the healthy lochial discharge of some women approached in smell the order of putrefaction, so that it was not always possible to discriminate them; but in all doubtful cases it is well to treat them as if putrefactive, in order to prevent such discharges from finding their way into the blood through uterine sinuses or lymphatics, setting up blood poisoning. The removal of all putrefying material is essential to the prophylaxis or arrest of septicæmia. All measures to this end should be promptly and thoroughly applied. They consist in irrigation with carbolized water, and where it is necessary to pass the hand or instruments into the womb, they should in all cases be smeared with the ordinary carbolic acid and oil mixture. Dr. Duncan recommends an injection of the strength of one part in fifty, from one half to a pint being used at a time. He recommends a double canula to secure free return of the injected material. The injection should be gently introduced through a tube from a point above the patient. The running out should be carefully watched, and the moment the outflow ceases the injection should be stopped. He opposes the leaving of the intra-uterine tube *in utero* with a view to drainage, for if antiseptically plugged, it no longer acts as a drainage tube, and not so plugged, it is a source of danger in itself. He also warns against too frequent daily injections.—*St. Louis M. and S. Jour.*, April 20th.

We should think injections often enough to insure thorough cleanliness *imperative*.—[ED. REPORTER.]

PARASITIC INVASION OF THE BRAIN.—Ribbert, of Bonn, removed the brain of a man aged sixty-four years, and noticing a remarkable appearance of its surface at the time of the removal, preserved it in alcohol for future study, a period of two weeks. On careful examination at the end of that time,

he found that the cortical surface appeared marbled, and that on slicing away the cortex, this marbling was not removed, but came out with greater distinctness, until the white substance was reached, where the appearance was less well shown. The markings were mostly circular, and exhibited a central dot; on a section perpendicular to the cortical surface, the dot was found to be only the transverse section of a vessel. Microscopic investigation showed the latter to be filled with closely packed micrococci, while the light halo around each vascular branch was due to a molecular disintegration. Numerous softened or hemorrhagic spots, as well as cavities varying from the size of a pin's head to that of a hazelnut, were found scattered throughout every part of the brain, except the hemispheric cortex. Unfortunately the symptoms noted during life, were not very clear, although they pointed to a cerebral affection, nor was the cause of this remarkable parasitic invasion determinable. Several years ago we read a paper in the same Archives, in which Ribbert's article appears, namely, Virchow's, based upon the very careful autopsy, conducted by a pathologist of Brunswick, on his own child, which, several months after exhibiting pharyngeal diphtheritis, died with symptoms of progressive somnolence and stupor, without fever, or any other marked evidences of cerebral disease. In this case, the blood vessels, the perivascular spaces, and the nerve cells and neuroglia, were found filled with micrococci, and of a species which has been found so far only in the fluids or tissues of those suffering from diphtheria. Here the source of the invasion was evident. In one important respect the case of Ribbert differs from the latter one, namely, in the fact that the schizomycetes did not wander beyond the vascular confines.—*Chicago Med. Review.*

A CORRESPONDENT writing from New York, September 10th, to the *Chicago Medical Review*, has this to say of the somewhat neglected subject of *Skin Grafting*: "It was found that bits of muscle, absolutely free from epithelial cells, might be grafted with as good result as bits of skin. And, on the other hand, no effect has been produced by sprinkling epithelial cells upon ulcerated surfaces, even when the sur-

face was in good condition and the process was carefully conducted. As the chief theory explaining the process of skin grafting rests upon the necessity of the presence of epithelial cells, the fact that muscle will graft and produce a good result is somewhat remarkable, and demands an explanation. The fact is well substantiated by a number of cases, though no explanation is offered. It was further found, that skin or muscle taken from a body which had been dead not more than six hours would graft readily upon the living surface. Tissue from bodies or amputated limbs has been used in a number of cases successfully, and the limit of six hours after death was adopted, not from failure of grafts, but from fear of septic poisoning after that time. One case is on record, however, in which over 70 grafts were taken from the skin of a scrotum which had been removed in an operation for varicocele ten hours previously, and over one half of these were successful. The size of the grafts varied greatly, but it was found that those which measured from two to three lines in diameter gave the best result. In transplanting the skin of a negro to a white man the pigment was observed to disappear wholly in the course of three days, and none was visible in the scar ; while, on the other hand, when a white man's skin was implanted upon a negro it acquired a pigment in about the same time. The method of grafting which yielded the best result was as follows : The surface having been brought into a condition of healthy granulation, grafts two lines in diameter were applied over the whole surface, within half an inch of each other ; a piece of oil silk, or of the green protective used in Lester's dressings, was then laid upon the surface, and strapped down with bands of adhesive plaster, over which a bandage was loosely applied. The part was kept at rest, with the dressing intact, until the third or fourth day, when it is carefully removed. It was found that in most cases the grafts had taken, and the cicatrization was progressing by that time. The oil silk was used to hold the grafts in position, and to prevent them from being pulled off, as they would have been had they been adherent directly to the adhesive plaster. The subsequent dressing was usually one of simple vaseline upon lint, though in some cases a single appli-

cation of balsam of Peru seemed to accelerate the process of healing. In the hospital this method is largely used in the treatment of ulcerated surfaces and burns, and has been followed by very good results."

**FEMALE PHYSICIANS IN THE OLDEN TIME.**—After all it is nothing new to have female physicians. Even the earliest records of the world's history bear testimony to instances of the successful practice of medicine by women. Mythology corroborates woman's capacity for this career by ascribing to the Egyptian Isis the duty of watching over the human species and the discovery of beneficial drugs. Among the Romans, Juno Lucina presided over childbirth and hastened delivery. Hygeia, the daughter of Esculapius, and Ocyroe, the daughter of Chiron, were learned in medicine. Esculapius portrayed as followed by a multitude of both sexes who dispensed his benefits. As early as the eleventh century before Christ there existed in Egypt a college of physicians, who seem to have been of the sacerdotal caste, and was attended by both sexes. The "Iliad" and "Odessey" both refer to women skilled in the science of medicine; among the Greeks, Olympias, of Thebes, Aspasia, and Agnodice were pre-eminent for their ability and medical writings. The skill of Agnodice is said to have been such as to have brought about the legal opening of the medical profession to all free-born women of the state. Thænarete, the mother of Socrates, was a midwife. Between the eleventh and thirteenth centuries, several women acquired widespread renown as teachers in the great school of Salerno. In the succeeding centuries many female physicians held professional chairs in the universities of Italy, especially that of Bologna. In this university, about the middle of the eighteenth century, "there was an Ann Morandia Mazzolini, whose husband held the chair of anatomy. It happened that he fell ill, and she, being a loving wife, sought to supply to him the place of his enfeebled powers. So she became an anatomist, and presently delivered his lectures for him from behind a curtain. She became famous, and was offered a chair at Milan, which, however, she refused, and remained at Bologna till her death in 1774.

Her anatomical models in wax are the pride of the Anatomical Museum at Bologna."—*Practical American*.

**WHOOPING COUGH.**—Dr. R. W. Brower, of Sheridan, Ill., writes to the *Peoria Medical Monthly*, that his most decidedly successful method of treating whooping cough, is the following: Quinine sulph. 10 grains, pulv. glycyrrhizae 1½ scruples. Mix. Give to a small child what will lay on a small steel pen reversed in its holder, leaving half an inch free, every hour or two. Let the half inch of the pen exposed be moderately rounded. Turn on the tongue dry. His own child was in a few days entirely relieved of the cough by this means alone. Since then he has used it with entire success in several other cases. Children seem to like this medicine, and enjoy the method of taking it.

**A MODEL STUDENT.**—A young American, who had been in Paris for a year studying medicine, was visited by his father. He paraded the old gentleman through the city, and pointed out its architectural lions. Finally they halted before a many-pillared building. "What is that lordly pile?" asked the father. "I don't know," replied the youth, "but there is a sergeant-de-ville." They crossed over and put the question. "I hat, gentlemen," said the official, "is the medical school."—*Peoria Medical Monthly*.

**IN MEDIIS TUTISSIMUS.**—The Ohio *Medical Record* announces that hereafter it will not allow contributors to part their names on the side. J. Higginbotham Smyth is to have the Higginbotham knocked out of him, or come to the front with "Jones." We commend the taste and courage of our charming contemporary, but warn it in time that its pages will lack hereafter for gynecological communications.

**MEDICAL CHARGES.**—*Lancet*: It is related of an eminent painter, Vernet, that on one occasion, being asked to produce a small pencil sketch, he did so while the applicant waited. When the latter protested against the price charged the painter replied, "Do you think I spent but ten minutes in drawing that sketch? It represents the labor of thirty years."

## THE PEN.

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WE NOTE in more than one of our less pretentious exchanges that they publish as among their contributors the names of many of the most eminent writers in this country—names well known to medical men everywhere,—and whose history is written in many of the noblest achievements wrought in medical and surgical science in this or any other age. Our contemporaries are favored, and merit compliment for the energy displayed in procuring recognition and aid from sources so illustrious ; yet we are lead to question whether journals made up from such a source are really the more useful and interesting. Speaking for ourselves, we must say that we prefer more the crisp, newsy article from the pen of the country correspondent or from that of the caustic medical editor, than we do of the lengthy, profoundly scholastic, yet prosiac articles which we are sure to receive from the pens of the eminent names referred to. The writings of our “leading” men are certainly *indispensible*, but belong more properly to bound volumes and the complete library. The medical periodical should embrace many of the features of a *news* paper. Not secular news certainly, but current medical news of every kind and variety ; and in the place of employing high city talent to fill its pages, contributions from men of good minds, even if of less fame, often are the first to elicit the notice of readers. When a man has written a book and we are familiar with his style, we seldom care to read him again. When he has published a volume and we have done him the honor to read it, we seldom find from his pen anything better in his periodical effusions. We know about what he is going to say as soon as our eyes rest upon his name in the caption. Give us fresh names, new thought, original modes of expression in our journals—in fact let us *advertise* somebody else awhile, and see if there are not others in the medical world besides those old familiar names to which we have been doing homage for a quarter of a century. While I would not, if I

could, detract one iota from their well deserved notoriety, yet I am by the authors in our profession like I am by the hackneyed politicians—I like once in awhile to see a new face in front.

CONSULTATIONS.—I think it is the province and duty of every person who “makes the types talk” to write candidly upon all subjects upon which he writes at all, and to this end the present writer wishes to unbosom himself to a limited degree upon a subject which has long been painfully treasured in his breast.—the subject of *Medical Consultations*. We think the custom a *nuisance*, notwithstanding a good share of the “Code of Ethics” is devoted to the science of “Promoting Consultations.” We can sincerely lay our hands upon our hearts and say that in long years spent in practice, and in many consultations in which we have taken part, and in which we have observed its workings among others, we have never, in half dozen instances noted any valuable results from them. We believe this is the honest conviction of ninety-nine hundredths of the intelligent physicians the civilized world over.. The strange part of the matter is, *why* do physicians not only submit to it, but really sanction it? Men draw the most useful lessons of life commonly from their own experience. We think it is so at any rate in our own case as to the value of medical consultations. They do the patient no good—but on the contrary do him commonly *direct* harm. *Direct* injury in the way of an increase of grave apprehension and unsafe excitement—increase in the expense in the way of physician’s fees; and *indirectly* by the lack of *concentrated* attention and solicitude on the part of the medical attendant—the latter more particularly so if the consultation has been crowded upon the regularly attending physician. Drawing again upon individual experience, the moment dissatisfaction and a desire to encumber a physician with a consultation which he knows is not necessary, manifests itself among the meddlesome neighbors, the attendants, relatives, &c., &c., of the patient,—that moment, what had before been the deep and watchful care of the physician for the every symptom of danger and the means of combatting it, is lost. If his profound and honest interest



in the patient's welfare, his time, his sleepless nights, his meals, and oftentimes his money, are met with bickerings and distrust, and his *motives* assailed, his intelligence and integrity impeached, all in one hour, and may be upon the very threshold of the sick chamber, what then is there to chain his interest to that of the sick person?

These are all common accompaniments of consultations. The course of conduct most agreeable to a physician under such circumstances, is to quietly "slide out" and leave the field to the consultant and the good friends who have so graciously brought him upon the field. This is generally what is desired by all parties to the contract, and is many times the sole motive *interested friends* have in desiring "another doctor." This is the light, mainly, in which we have always viewed "consultations," and we think that our organization is not so dissimilar to that of other *common* physicians but that some thought akin to these must have at some time entered into their minds. The old adage that what is everybody's business is nobody's, holds good in medicine as well as in other human affairs, and it is nowhere better displayed than in the consultation room.

This custom is now the absolute property of the meddlesomes and "busy-bodies" of each community; and its existence is an incubus to the profession and is the agent through whose villainy "countless thousands mourn."

AT THE recent session of the "American Association for the Advancement of Science," held at Boston, Professor Hyatt delivered a lecture "On the Transformation of the Planorbis," in which he gave practical illustrations of the theory of the evolution of species. He used for the purpose stereopticon views. After a thorough discussion of the subject of evolution, he said that M. Barrande, a great opponent of this hypothesis, spoke to him with great respect of the evidence they had afforded, and said, at the same interview, that Hilgendori's pamphlet, written upon the Steinheim shells, had done more to convert German paleontologists to Darwinian views than Darwin's own book. He said that theories arise from the investigation of a series of specific facts, and return



perpetually to those to be tested, modified or rejected. The universe is an aggregate of small things, and if we do not succeed in explaining the relation of those in narrow fields, we may possibly dream in logical terms about the grand laws of phenomenon, but the hope of understanding them is a delusion. He then explained his theory by means of maps and objects, and then summarized what he had endeavored to place before the audience. He had tried to show in a practical way the history of a single species, *planorbis levis*, and its evolution into twenty to thirty distinguishable forms, of which from fourteen to nineteen may with justice be called by different names, and considered as distinct species. He had also striven to bring into comprehensible shape the conception that the forms of these species result from the action of the laws of heredity, modified by the physical forces, especially gravitation. Also, that there are many characteristics which are due solely to the action of physical influence of immediate surroundings, varying with every change of locality, but constant and uniform within each locality, and that the Darwinian law of natural selection applies only to the first stages in the establishment of some of the differences between the species in the same locality, but not the perpetuation of them.

DR. CHARLES T. JACKSON, died at Somerville, Mass., in the latter part of August, in the seventy-fifth year of his age. Dr. Jackson will be remembered by physicians all over the world, as a claimant for the honors of having discovered anæsthetics, and introduced them into practice. The controversy between him and Dr. Morton, of Boston, relative to the priority in the discovery of the anæsthetic properties of ether is a part of the history of medical discovery, and need not be repeated here *in extensò*. Suffice it to say that the discovery was made by Jackson while he was practicing medicine, but was not *then* made known to the world. His claim was that in 1834 he found by experiment that an alcoholic solution of chloroform applied to a nerve made it insensible to pain. He had previously experimented with protoxide of nitrogen, with less satisfactory results. In 1841 he tried the effects of pure

sulphuric ether, mingled with atmospheric air, upon himself, and inhaled it until he lost all consciousness. This experiment he pronounced entirely successful. In 1842 he inhaled ether to allay the pain he suffered from an accidental inhalation of chlorine. This led him, he afterward said, to declare "that a surgical operation could be performed on a patient under the influence of sulphuric ether without giving him any pain." Dr. Morton, however, appears to have first applied ether in an operation performed by him in 1846, and to have experimented with it some years previous to that time. The respective claims of Drs. Morton and Jackson for the credit of the anaesthetic were supported by hosts of physicians and men of science, and the controversy was waged for years with great bitterness. The French Academy, which had offered a prize of 5,000 francs for the discovery, divided that sum equally between the two claimants, holding that Dr. Jackson discovered etherization, and that Dr. Morton first applied it in surgical operations. Dr. Morton refused to take the award made to him, and the Academy afterward gave him a gold medal. Dr. Morton strove for years to have his claim properly recognized. He became utterly bankrupt, and his home was sold for debt. Congress was importuned to grant him \$100,000 as a national testimonial, and hundreds of physicians and others signed the petition. Dr. Jackson, on the other hand, sent to Congress a petition, signed by 143 physicians of Boston and vicinity, certifying that the discovery was exclusively his. Dr. Morton's petition was defeated, but in a test suit against a hospital surgeon who had applied ether according to his method he gained his point, the United States Court sustaining his claim. Dr. Jackson still had his adherents, however, who contended that he, and not Dr. Morton, was the real discoverer, and the controversy went on until Dr. Morton died. It is said that Dr. Morton's death was caused by excitement over an article which attempted to show that he was not the discoverer of anæsthesia. The citizens of Boston erected a monument to his memory, bearing the inscription: "Wm. T. G. Morton, Inventor and Revealer of Anæsthetic Inhalation." This and other recognition accorded to Dr. Morton caused great disappointment to Dr. Jackson,

and he died at the age of 75, feeling that he had been wrongfully deprived of the fruits of years of patient study and investigation.

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## EDITOR'S DRAWER.

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### BUSINESS CHANGE.

Patrons of the ST. JOSEPH MEDICAL AND SURGICAL REPORTER are hereby informed that hereafter the *business* and *financial* interests of the publication will be under the exclusive control of Dr. Jacob Geiger, of St. Joseph, to whom all correspondence relating to advertising, subscriptions, specimen copies, &c.,—as well as all moneys must be sent. The Doctor's address is 609 Francis street.

Original articles, correspondence, exchanges, books for review, and all matters pertaining to the *editorial department* of the journal should be addressed as heretofore to the editor.

St. Joseph, Mo., October 1st, 1880.

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WE have received a circular dated Fayetteville, Ark., September 1st, 1880, signed by W. R. Miller, Governor,—a Board of Trustees and D. H. Hill, President, and addressed "To the Medical Profession," elucidating the points at variance between the Medical Department of the Arkansas Industrial University and the *Arkansas Medical Monthly*,—the "unhappy contest" thus having spread to and involved the highest functionaries of the State. The next news we received form that "tattered and bleeding" State, we are prepared to hear that the militia has been called out and that Brother Jonathan and his "Arkansas Medical Monthly" have been routed, "horse, foot and artillery."

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THE civilization of an age which will surround a parturient female with a rabble such as gathered under the windows, in the rooms adjoining, and even in the lying in chamber

itself, at the recent accouchment of the young Queen of Spain, is not much of a civilization after all. Such a display of vulgar custom and curiosity—not to say *cruelty*, might do very well for the Hottentotts or American Indians, but ought to find no imitators among Christian nations.

---

HAVE ANY of our new-born contemporaries run across a predatory animal, which has a special appetite for new journals, and which is known by the name of the "Specimen Copy Fiend?"

---

AMONG the new exchanges received this month are—*Quarterly Epitome*—an American supplement to *Braithwaite's Retrospect*,—W. A. Townsend, publisher, New York,—and *The Peoria Medical Monthly*, the former an elegant publication of full proportions, and the latter, as its name implies, a neat monthly issue. We welcome each of them to our table, and shall prune them frequently of their "good things."

Since writing the above we have been favored with two numbers of the *Southern Clinic*, Richmond, Va., Dr. C. A. Bryce, editor. We are in love with the style of Bro. Bryce, and opine that he will keep things "lively" in his corner of the medical vineyard.

The *Western Lancet*, a splendid production of the exuberant soil of California is also on our table. It has a dual editorship,—Drs. Perry and Mays holding the "pen and scissors." We welcome it "muchly."

The *Independent Practitioner*, a new journal recently established in Baltimore, also comes to us. It is a large publication, ably conducted, filled with excellent matter, and we wish it great success.

The familiar face of the *Pacific Med. and Sur. Journal* Drs. Gibbon, Sr. and Jr., editors and proprietors, again presents itself. This beautiful periodical has made great change for the better in size, finish and matter since we used to contribute to its columns and receive it a dozen years ago. We have had correspondence with its junior editor on more than

one occasion within the last decade and commend him to the whole professional world for courtesy.

The *Therapeutic Gazette*, Detroit, Mich., Wm. Brodie, M. D., editor, is received. September number contains a neat notice of our humble selves, for which we extend compliments to Brother Brodie. Many others of our worthy exchanges have done us the honor also, but commend us to Dr. B. for graceful compliments.

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EVERY physician within five hundred miles of this city should subscribe for and read the St. Joseph MEDICAL AND SURGICAL REPORTER. *Encourage home talent!*

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HAVE we recently had a maina "wave" to strike the equine population of the city? On one and the same day early in this month, we were apprised of almost half a dozen serious results from the actions of horses never known before to show any vicious traits. First on the list came Dr. Jacob Geiger, one of whose carriage horses (perfectly gentle always before,) made a furious attack upon the Doctor and a little ten year old boy, kicking and stamping the helpless child until death ensued in a few days from the injuries, and so injuring Dr. G. that he is now just able to get out. On the same day Dr. Simmons' usually quiet horse manifested a disposition to "get away" with him, while my own—quiet and kindly as a lamb—made a snap at my own hand and came nigh taking two fingers. On the same day, or possibly the day following, Mr. J. P. Moore, of the Saunders House, received a kick from his horse, the injury from which has just sent him to the grave. Are the horses insane?

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THE second annual session of the *College of Physicians and Surgeons* of St. Joseph, begins on Monday, October 4, and will close early in March. At this writing (September 28) the prospects for a class largely in excess of that of last year, are most flattering, and that St. Joseph is to become the centre of medical teaching for the Missouri Valley, the "plains" and the Rocky Mountain States we have not the least doubt. Of one thing we can speak *knowingly*, and that is that the



faculty of the College of Physicians and Surgeons are determined to maintain a school in this city in every way *equal* to if not superior to a majority of the younger schools of the Union, and the young men of the West will one day be proud to claim it as their *Alma Mater*.

WE have received well written original articles from several medical gentlemen—written expressly for our columns,—among others from Drs. Burnes and Evans. We are compelled to omit them from this number on account of their length. Our space for original articles is meagre, and contributors will oblige us by confining their articles to four or five pages, at most. Lengthy original articles are not, in the main, appreciated by the mass of the profession, and from this reason very many excellent and instructive papers find few to read them. Our journal is only a 32-page publication, and we design devoting half of this space to original communications and scissorings—the other to reports of societies, correspondence, editorials, news items, &c., &c. Writers for our pages will therefore please remember our design and be governed accordingly. We extend our thanks to the gentlemen above named and cordially invite them to “come again.”

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We hereby inform Medical Students attending lectures in the city, and students and medical men generally, that we make the sale of

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There is a FREE DISPENSARY connected with the College, which is largely patronized. The City Hospital is under the control of this School, and Clinics are held twice a week at the College and daily at the Hospital. There is ample provision for Dissecting on fresh material under the direction of a Competent Demonstrator.

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JACOB GEIGER, M. D., corner Third and Edmond streets, Professor of Principles and Practice of Surgery, Orthopedic Surgery and Clinical Surgery.

W. H. BRYANT, M. D., Savannah, Mo., Professor of Obstetrics and Diseases of Women.

J. W. HEDDENS, M. D., 404 Francis streets, Professor of Surgical and Descriptive Anatomy, and Genito-Urinary Diseases, Secretary.

E. A. DONELAN, M. D., 309 Fifth street, Professor of Materia Medica, Therapeutics and Diseases of Children.

F. A. SIMMONS, M. D., corner Felix and Eighth streets, Professor of Physiology and Diseases of the Nervous System.

S. F. CARPENTER, M. D., corner Eighth and Edmond streets, Professor of Chemistry and Lecturer on Diseases of the Chest.

P. J. KIRSCHNER, M. D., Third and Edmond streets, Demonstrator of Anatomy.

C. G. HUBBELL, M. D., Fourth and Francis streets, Lecturer on Eye and Ear.

J. P. CHESNEY, M. D., corner Eighth and Felix streets, Professor of Gynecology.

C. H. DARBY, D. D. S., Third street, between Jule and Faraon, Lecturer on Dental Surgery.

GOV. SILAS WOODSON, Lecturer on Medical Jurisprudence.

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**Medical and Surgical Reporter.**

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VOL. I.

NOVEMBER, 1880.

No. 5.

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ORIGINAL ARTICLES.

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**Hypodermic Injection of Ergotine for Chronic  
Enlargement of the Spleen.**

*A Paper read before the District Medical Society of Northwest Missouri,  
October 18th, 1880.*

BY DR. A. GOSLIN, OREGON, MISSOURI.

---

GENTLEMEN: You know that in malarial regions, enlargement of the spleen—"Ague Cake"—"spleen in the side," as many of our bottom patients express it, is of frequent occurrence. Years ago, in the Wabash bottoms, it was my fortune to see scores of my poor patients dragging out a miserable existence—pale, anæmic, spanæmic, hydræmic, or whatever else you may use to express a cadaverous appearance. Enlarged spleens were the prominent feature in all these cases. I was then young and enthusiastic, and I addressed myself especially to the cure of these poor unfortunates. I gave Iron and the Iodides in all their various combinations, internally; exter-

nally, I used all the various counter-irritants, and commonly, after a six to ten months persevering treatment, I was rewarded with a sensible reduction of the spleen, with an improvement in the general health and appearance; but I do not now recollect a single case where the spleen returned to its normal size in that time; and in many cases where the remedies were taken irregularly, and not persevered in most faithfully, no improvement followed; and many of my cases passed out of my hands from this spasmodic method of treatment. I feel sure it is the experience of most old physicians that this malarial hypertrophy of the spleen has been a source of annoyance and disappointment, and this, no doubt, has led surgeons to recommend splenotomy in order to get rid of the annoyance, as well as to give the most relief, in many cases, to their patients. Now, we should hail with joy any safe method of treatment which promises to deliver us from this prolonged course of treatment—a course which so often ends in disappointment to our patients and mortification to ourselves. Last July I began the treatment of these cases by *Hypodermic* Injections of Ergotine into the cellular tissue over the spleen, and the results have been so satisfactory, and I have been so elated over my success in quite a number of cases, that it has determined me to give a brief synopsis of them to this society, that others may be induced to try it; and should they be equally successful, it will prove a blessing to doctors, as well as to patients.

*Case First.*—Mrs. G., aged nineteen; married; seven months pregnant: I saw her on July 19th; found her propped up in bed, and had to be fanned all the time, as she suffered terribly from dyspnoea—a gravid uterus and an enlarged spleen: and when I say an *enlarged spleen*, it does not express it. The spleen extended from the left hypochondrium to the pubis, and across to the median line, the uterus occupying the right half of the abdomen. She was the most typical specimen of hydræmia that could be imagined,—not a particle of red color anywhere. Her eyelids hung like sacks of water, and she had general cedema. She had been abandoned as a hopeless case by an old physician who had treated her for three weeks. On July 21st, I gave here 20 minims of Ergotine over the spleen, hypodermically; in half an hour her pulse was

reduced from 140 to 115; the arterial tension was much increased, and breathing better. I gave Iron, Quinine and Phosphorus regularly for the first two or three weeks, and a hypodermic injection of Ergotine about twice a week, until thirteen injections were given, with a rapid improvement in all her symptoms. The spleen was reduced rapidly, and very perceptibly after each injection; at the thirteenth, it could scarcely be found at the margin of the ribs. Her waxy color gave way to a ruddy hue; her breathing became natural, and September 8th, at last visit, instead of being confined to her bed, was found chasing the pigs out of the cornfield. This was a case of malarial hypertrophy of the spleen of fifteen years standing. I can find no case on record where hypodermic injections of ergotine have been administered to a pregnant woman, and we might theoretically object to it, for fear of arousing the uterus to action; but I can state that no such symptoms were developed in this case.

*Case Second.*—Mrs. S., aged thirty-seven, was confined on the 3d of last December. She had malarial hypertrophy of the spleen of three years standing; was very pale and waxy in appearance,—in fact, seemed bloodless. I gave her the various tonics internally, and painted with Tinct. of Iodine over the spleen. Had to wean the child at six weeks to save her life, as she was in great danger of dying from exhaustion. I continued tonics and nutritious diet, and gave Tinct. Ferro Chloridi and Fld. Ext. Ergot for a month, in the hope of reducing the spleen. Her general health improved some after weaning the child, but the spleen was not reduced a particle. On August 2d, gave her, hypodermically, 20 minims Ergotine over spleen; repeated this on August 7th, 10th, 22d, 30th, and September 5th and 10th,—making, in all, seven injections. At the last application I could not find the spleen, and she now presents the rosy hue of a girl of sixteen, and says she has not enjoyed such health in ten years.

*Case Third.*—Samuel C., aged twenty-nine, has had enlarged spleen for the past seven years, and has been under treatment of regular and irregular physicians; has made two trips to Colorado, in the hope of gaining his health. The first time I saw him was on September 6th. He had just returned

from Colorado the day before, and had mountain fever; was exceedingly pale and haggard in appearance; pulse 140; general œdema, and no red color to be found in any tissue,—in a word, he was excessively hydræmic. His spleen extended below the crest of the illium, and to the median line. I gave him the hypodermic injection of 25 minims Ergotine on September 7th; his pulse was then 140 and temperature about 102; in ten minutes, pulse 120; in half an hour, pulse 110, and in a moist perspiration. I gave him another injection of 20 minims on September 11th, 15th, 18th, 24th, and October 1st. This case had a sad ending on the 24th of September. After leaving my office and riding home, six miles, in a wagon, he was taken with fever and a bilious diarrhœa. I did not hear from him for one week. October 1st, saw him and treated him with tonics, stimulant and generous diet, but he sank and died on the 12th inst. His spleen was almost natural in size, his œdema all gone; but his excessive hydræmic condition could not be overcome. Did the Ergot have anything to do in bringing on his bilious diarrhœa?

*Case Fourth.*—Mrs. N., aged twenty-eight, married, has had moderate enlargement of the spleen for ten months; is able to do her work, but says she has been failing in health ever since her side has been sore; complains of pain in left side whenever she works; is rather pale and has been losing flesh for some time. I gave her hypodermically 20 minims of Fluid Ergot over spleen, on September 25th, October 1st, 5th and 9th,—four in all. At the last injection, spleen could not be felt at margin of ribs; her general appearance began to improve at once; appetite good, and she says she is stronger and is in better health than for many months, and is gaining flesh.

Two questions may be asked which I deem worthy of discussion: 1st. Why should not Ergot, given by the mouth, produce the same results as when given subcutaneously? 2d. Would Ergot injected into any other part of the body have the same good effects upon the spleen?

In answer to the first question, I would call your attention to my second case, where I gave Iron and Ergot by the mouth for a month without the least reduction of the spleen; but when



the Ergot was given subcutaneously, the reduction was rapid from the very first application. Why this difference in action? The only explanation is: Given by the mouth, Ergot, like other fungi and highly nitrogenized bodies generally, must be partially digested or destroyed; hence we fail to get the full medicinal results of the dose, while if it is given subcutaneously, we shall obtain its entire therapeutic power. Theoretically, we ought to reach definite results by giving Ergot hypodermically, which we cannot expect when it is given by the mouth. Practically, we find this to be true in case second. "In two cases of hematuria treated by Prof. Luten in the Hotel Dien of Rhemus, no effects were produced by daily doses of ten grains of the tincture given by the mouth, while daily injections of one grain of the same tincture caused the symptoms to disappear in two or three days." From the rapidity, promptness and certainty of action when given subcutaneously, I firmly believe the day is not distant when this method of administration will be adopted by the profession to the exclusion of all other methods. This same argument will hold good as to many other articles of the *Materia Medica*.

In *Antagonism of Medicines*, by J. Milner Fothergell, will be found a great number of experiments with various medicines; and in all accurate observations, the remedies were given subcutaneously, and there is an accuracy of dose and a certainty of effect which is refreshing to read, after we have been blundering along in a hap-hazard method of medication.

I would urge upon members of this society to provide themselves with a good hypodermic syringe, and by keeping the needles sharp, and with ordinary dexterity, the minimum amount of pain will be inflicted by this method of medication, and the maximum amount of certainty of action will be gained. I first used Ergotine made into solution with distilled water and filtered, but this has the disadvantage of not keeping any length of time, and should be prepared fresh each time, which is a drawback in its use. Latterly I have been using *Liquor Ergotæ Purificatus*, manufactured by Park, Davis & Co. This is said, by the manufacturers, to be freed from impurities and all irritating substances, and that each minim represents a grain of the best Ergot. Since using it, I have had less com-

plaint of indurated lumps at the site of puncture than with Ergotine, and it seems equally efficacious. I have not had an abscess or any near approach to it, only a slight soreness, with some induration for a few days.

2D. Would Ergot injected in any other part of the body or limbs have the same good effects upon the spleen? To this question I am unable to give any practical facts, for I have not tried it any other locality. But reasoning from analogy, I would say that, by administering it over the region of the spleen, we get the constitutional effect, as well as also the local irritation; and if we derived any benefit from our counter-irritants formerly, it is an argument in favor of the local effects now. But undoubtedly the greater part of the therapeutic effects must be through the blood on the nervous system; and if this be true, it will matter little where we select our site for puncture. But the moral effect on most of our patients will be much better if we select a point in the vicinity of the organ to be cured: this appeals to their understanding in language they can comprehend.

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## INUNCTION:

Or the Endermic Method of Introducing Medicines into the System.

By E. A. DONELAN, M. D.,

*Professor of Materia Medica and Lecturer on Diseases of Children, in the Saint Joseph College of Physicians and Surgeons.*

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IN our medical journals are found articles from the pens of practical physicians portraying the good results of hypodermic injection of medicinal agents by insufflation, as by making local application to the nares, fauces and epiglottis of substances, either solid, liquid or gaseous; and even transfusion of blood, milk and other substances into the veins, in cases where the life of patients is in danger from hemorrhage, or in

cases of poisoning when there are no antidotes; or, in cases of unhealthy blood, by opening a vein and drawing off as much of the unhealthy fluid as practicable, and substituting therefor healthy blood. This is all right, and we hail with delight all true practical knowledge thus obtained. The practical and scientific experiments by means of hypodermic injections during the last few years, in arresting hemorrhages and reducing goiters; enlarged spleens, &c., have proven truly marvelous, and almost incredible to one who has not been a practical observer. And while I duly appreciate the advanced stand which the profession occupies at the present time on subjects pertaining to the amelioration of the ills of life, I venture to make a few suggestions,—or rather to call the attention of the profession to an old mode of introducing restorative agents, that is to some extent neglected, or, at least, not practiced, at the present time to any extent. I allude to

INUNCTION, OR THE EPIDERMIC MODE OF INTRODUCING MEDICINES  
INTO THE SYSTEM.

By inunction, we mean the application or rubbing over the body any article of oil, ointment or medicated substances. This mode has had its advocates, and in my opinion it is not practiced or resorted to in a great variety of cases in which it is the best means to sustain the system. The epidermic application of oils and fats is one of the very best means of promoting constructive metamorphosis in wasting diseases—as in phthisis, scrofula, chronic dysentery, and nearly all cases where the stomach fails to perform its functions. I have tested this mode of supporting the system, in a number of cases in the past season, in children prostrated from dysentery, accompanied with great irritability of the stomach and general debility. In all chronic cases of this form of disease, the inunction of the body with Cod Liver Oil, Olive Oil, suet, serum, or any pure article of fat, will benefit your patient. I remember a case of dysentery, a boy about six years old, very much prostrated; the stomach rejecting all medicines and the simplest nourishment. I discontinued the introduction of medicine by the mouth and resorted to inunction and enemas to sustain him. The following prescription was ordered to be applied and thor-

oroughly rubbed over the surface of the body, night and morning :

R Vaseline.....	3 i.
Sulph. Quinine.....	9 i.
Sulph. Morphia.....	gr. iii.
Mix.	

The child was sponged off with soap and warm water, and the ointment applied. In a short time the child was resting well and the pulse reduced. This application, with an astringent injection per rectum, was the only treatment for several days, the boy continuing to improve all the time. I have prescribed Cod Liver Oil in a number of cases of a scrofulous diathesis and feeble digestive powers, with beneficial results. Usually about two drachms of the oil is absorbed at each application. As the oil has an offensive odor, Almond Oil may be used to perfume it. As in many patients there is a deficient assimilation of fats or Cod Liver Oil, they may be beneficially applied by inunction. In a word, in all cases of poorly nourished children who have deranged and irritable stomachs and intestinal disorders, with dry skin, inunction will prove beneficial; as in these cases, the normal amount of oil in the skin being deficient, it is furnished artificially. In cases of arthritis and chronic rheumatism, inunction with various articles is used with good results. Sigmund, one of its advocates, recommends moderate friction with the palm of the hand. There is no doubt but the common practice of many mothers, of rubbing their children with Goose Oil, is in many cases beneficial to those subject to catarrhal affections, or those that take cold on the slightest exposure; the susceptibility is to a great extent prevented by inunction. I don't claim to present any new ideas, but believe this mode of introducing medication into the system is not resorted to in many cases that come under our treatment, where it is the very best means of relieving our patients.

## OBSTETRIC ANOMALY.

By H. OATMAN, M. D., RIVERTON, MISSOURI.

WHEN I first saw Mrs. —, aged twenty-six years, (first labor), she had been in labor about twelve hours. Had enjoyed good general health during the pregnant period. Thought she lacked six weeks of coming to "time." Had not felt foetal movements for one week; had rather strong labor pains about every five minutes, with constant annoying neuralgia of the lumbar region during the intervals. Upon examination per vaginum, found the os uteri well dilated, with the membranes not ruptured; head had entered upper strait, with occiput pointing toward the left acetabulum; head not large, and pelvic cavity ample. Gave Pulv. Opii, in half grain doses every half hour, which soon suspended the neuralgia in lumbar region. The expulsive pains then became quite strong, and continued regular; but the foetus advanced slowly, considering the favorable condition of things. But I need not be further tedious. The labor continued strong and regular for five hours more,—the foetus advancing every pain a little—indeed a very little—when the head was delivered. In delivering the shoulders there seemed to be ample room for the passage of the same, but it took two or three strong pains to bring them forth; and it then took three or four other strong pains, assisted by considerable traction, to bring forward the trunk. After this happy result was attained, the cause of the tedious labor was quite apparent. The umbilical cord was not more than twelve inches long; and, as might be expected, as a result of this *lusus naturæ*, the placenta was found loose in the vagina. The uterus contracted readily, and not much hemorrhage followed. But the too short cord was not the only trouble. The whole abdomen of the foetus—indeed, I may say the whole trunk—below and including the umbilicus, was very much swollen, hard and bumpy to the feel. So great was this swelling that it increased the body to more than double its natural size.

The epidermis peeled off readily, when the cutis vera presented the dark red appearance of inflammation. The foetus was evidently premature, and would have weighed about six pounds. It gasped very feebly two or three times, and means were used to inaugurate regular breathing, but all to no purpose. Life, under the circumstances, was out of the question. Query: What caused the inflammation?

The above humble and very brief report is respectfully submitted to the many readers of the REPORTER.

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## Viburnum Prunifolium as a Preventive of Abortion.

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PROBABLY no subject will give a medical man more anxiety, in any given case, than an attempt to prevent an habitual predisposition to abortion. Many pages have been written upon the subject, many remedies suggested; but, unhappily, if every practitioner meets with the same results which I have—and many others of whom I know—the success from the treatment as laid down by our text books must be anything but flattering.

Let me illustrate: F. H., aged twenty-two years,—in good health, robust and hearty,—after marriage becomes pregnant, and at about the sixth month of pregnancy is accidentally hurt by a horse running with her. The result is, symptoms of labor set in; a physician is called, who prescribes all of the agents usually recommended in such cases; but all to no purpose: the result is miscarriage. This goes on until four successive pregnancies have resulted in the same way, her general health, seemingly, fair after each miscarriage.

At this time I saw a notice of the beneficial results from using Viburnum—especially in such cases as this. The report was from Dr. D. L. Phares, of Mississippi. (It is found on page 1783 of 14th ed. U. S. D.) I sent and procured the fresh bark, as the lady had become pregnant again, and the usual

symptoms were again presenting themselves. I had her make a decoction and use it in drachm doses four times a day. This was attended with the most gratifying results, and I had the satisfaction of seeing her go to the full time and give birth to a large, healthy babe. It was found necessary to persist in the use of the medicine until the eighth month of pregnancy.

Two years afterward, the same lady became again pregnant, and from the third to the seventh month the same symptoms as before occasionally presented themselves; but this time the fluid extract was used in drachm doses whenever any unusual symptoms were detected, with the effect of their disappearance under its use. I had the pleasure of again delivering her of a healthy, finely formed child, at term. Since, and during that time, I have called other physicians' attention to it, and have invariably received a favorable report. I have also used it in other cases where abortion seemed imminent, and with like satisfactory results.

J. H.

KANSAS, October 15th, 1880.

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## SCISSORS.

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"WHAT IS THE PROPER FIELD FOR BATTEY'S OPERATION," was the title of the paper read by Dr. Robert Battey, of Rome, Ga., at the meeting of the American Gynecological Society, — Cincinnati, September 1st.

Dr. Battey asked to be excused from presenting his paper in full, as he had not been able to complete it. He would, however, lay before the society a brief outline of the points he intended to make in his paper. He said: When I announced this operation to the profession in 1872, I foresaw that the field of its application must be very restricted; for the honor of the profession and in the interest of humanity I had fully expected the field to be more restricted than it has been. There are

some things connected with its application from which all the instincts of a manly nature recoil with the utmost repugnance. It was my expectation that when the profession would concede me ground, although I felt absolutely sure it would win a certain restricted ground, it would be conceded to me grudgingly. I took the position from the start that this never would be an operation of election. It is not a question of whether you shall submit a female to an extirpation of the ovaries or undertake some other operation. A question of election between this and any other resource of gynæcology can never arise. Nothing could have induced me to go into the community I live in to extirpate the ovaries of a female, to hasten the change of life, except a most solemn sense of duty. I think to-day that no physician ought to sit down quietly and calmly and select this operation in preference to any other expedient that offers itself. The case ought to be narrowed down to this expedient or none at all. I stand upon that ground exactly to-day where I did in 1872. It is never desirable; but when necessary it becomes a stern duty from which a surgeon, having upon his hands the life and happiness of a human being, and in whose case he can only select between this expedient and worse and far more direful consequences, cannot shrink.

I announced from the very start that the operation was applicable only to certain classes of cases. In the first place, they must be cases that are incurable by any other means; in the second place, they must be cases menacing life, such as would allow him a policy of inaction; in the third place, they must be cases from which he may reasonably expect to relieve the patient of the direful consequences of their disease by a change of life. He must ask himself: If she had her change of life next week would she probably get well? If she would, I propose to substitute for the natural change of life an artificial one, and secure the same result artificially that nature accomplishes in the change of life. It has been my habit in all my cases to ask myself three questions: Is it a mortal case? Is it incurable by other known resources of the art? Is it curable by a change of life? If all these questions be properly answered, then the operation is a proper one. I foresaw at the outset that the conditions which must necessarily call for



this operation cover a large part of the whole field of gynæcological practice. They must be very variable under different circumstances.

I notice in my paper, first, a striking class of cases in which there is absence of the uterus with more or less irregular ovulation and a violent nervousness of the system. There is produced in the system irregularity of the circulation, local congestion and a certain exalted nervous condition of the patient, and producing direful consequences resulting from ovariation unrelieved by nature's assistance in the menstrual discharge. Such cases in which these violent perturbations are produced are absolutely incurable by any other resource of our art. There is no means of supplying a uterus to give rise to the monthly supply of blood, and the only resource is to go to the other end of the case and extirpate the ovaries, which are simply surplusage in the system. With the uterus there disappears these violent perturbations of the nervous system.

The second class of cases are those of which I reported an instance eight years ago. It was a case I operated on in New Orleans. The lady had been confined during the war without adequate medical attention. There was complete occlusion of the whole metro-vaginal canal. The case was operated on afterwards with the hope of letting out the returning menses, but without success. I thought there was abundant reason to be satisfied there was no liquid substance in the uterus whatever. Without noting a vestige of the vaginal canal, my judgment was that the only possible remedy in the case was extirpation of the ovaries. She had these violent nervous and vascular perturbations. The result of the operation was highly gratifying.

There is another class of cases of which I have seen several instances. They are cases that I call menstrual mania or ovarian mania. The reason becomes dethroned by reason of violent perturbations attendant upon this stoppage of menstruation. Sometimes it occurs even where the menses are present, but its functions are deranged where menstruation goes on with a certain degree of regularity but accompanied with the greatest degree of pain. With violent perturbations of the system, these cases to which I allude are, I believe, absolutely

incurable by any other resource of the art. A careful investigation of the ovaries after they are removed shows why they are incurable. Because there are profound changes in the structure of the ovaries which it is impossible to expect any medicines to control. We might as well try to cure genuine tuberculosis. It is idle to talk of Virginia Springs curing this case; it is idle to talk of medicine curing it; it is idle to talk of any medical operation except their removal. When it becomes necessary to incarcerate her in an insane asylum, I cannot conceive of any case that appeals more strongly to our sensibilities, and induce us to sacrifice the pernicious organs that are so destroying to the mind and body of the patient.

There is still another class of cases—a rather numerous class—those of ovarian epilepsy. Here let me remark that a distinction should be drawn between cases of clearly marked uterine epilepsy and ordinary epilepsy. I foresaw from the first, with great alarm and apprehension, that the announcement of this operation was likely to be followed by great abuse of it. I trembled then with regard to the consequences, and I tremble to-day in regard to the consequences that grow out of the misapprehension. I have attempted from the first to sound the alarm to the medical profession all over the world, to encourage them to be extremely cautious and circumspect in selecting cases for this operation. I am able to say to you that whatever may be the influence of that medical conservatism, I am unable to look over my own fifteen cases and single out in my calm, mature judgment to-day a single one in whom I feel I have done my patient the slightest harm. There is not one of the fifteen—including two fatal cases—that I would not operate on again to-day with the same facts and circumstances before me that I had at that time. It is therefore very necessary not to assume that each case of epilepsy that comes into our hands is a case of uterine epilepsy. It should appear affirmatively.

Another class are—and in announcing it I am required to admit that it is an entirely unscientific and inexact classification.—what I would call cases of amenorrhœa: there is absence of the menses; there is a pernicious amenorrhœa that is utterly destroying the life of the patient. And a few of these cases I

have found it impossible to class under any other head than amenorrhœa. This condition of the patient, whatever the cause of it may be, justifies the removal of the ovaries. It cures the patient, and nothing else will. Of course, it would be very wrong to state that under any circumstances this operation is a cure for amenorrhœa; but what I do say is, that there are some aggravated cases of amenorrhœa that are incurable by any other resource, and are curable by the removal of the ovaries.

There is another class of cases operated on by Hegar, of Germany, and a number of physicians of this country. They are cases of interstitial fibroid tumors, which cases are not amenable to any of the ordinary resources of our art, and which cannot be safely subjected to the usual process for the removal of these tumors. These patients are constantly subject to the danger of death by these exhausting hemorrhages; the climacteric follows consequent upon the removal of the ovaries. The tumor gradually shrinks and becomes less. Under these circumstances very little objection can be urged to the operation, as in these cases the patient is usually barren.

There are certain incurable flexions of the uterus in which violent vascular and nervous prostration are produced in the system. Where these flexions are not amenable to any of the other resources of the art, the case being incurable, the extirpation of the ovary is justifiable.

Lastly, allow me to call your attention to a class of cases in which, so far as I know, no one has ever proposed this operation. I had it in my mind eight years ago. It seemed to me then, and it seems to me now, that whenever an obstetrician or gynecologist feels himself called upon to do the old operation of abdominal section, when there is a contracted pelvis, a rational and proper proceeding under such circumstances would be to ligate and remove the ovaries. It seems to me that during the child-bearing period we have no right to subject a woman who has once gone through the Cæsarean operation to a similar danger under the same circumstances. It would be securing the patient from the possibility of a future necessity of the same operation, and in my judgment would be a justifiable proceeding.

QUACKERY YEARS AGO.—In a French work entitled “The Art of Medicine, or the True Means of Succeeding in Medicine,” published in Paris in 1843, we find the following amusing anecdote, which tends to show that the quackery of to-day is no new thing:

During a journey which Barthez was making in the South of France, he resolved to visit Bordeaux. Arriving in that city, he put up at the Hotel d’Angleterre, which was the rendezvous for all travelers of distinction.

The morning after his arrival, very early, his sleep was broken by a confusion and noise which was going on upon the stairs. It sounded like a crowd of people coming and going, ascending and descending without cessation. Barthez rose in haste, and quietly half opened his door to find out the reason of all this commotion and to know if they were not patients who wished to consult him. They certainly were patients, but alas! they passed his door as if scorning him and repaired to an apartment opposite his own, on which was a large placard above the door bearing the inscription:

\*.....\*  
 : “CONSULTATION GRATIS!  
 : MEDICINES ONLY CHARGED FOR.”  
 :.....\*

Barthez closed his door in confusion; during the whole day, and the following one, the mob never ceased.

Lucky confrere! said he to himself; he takes them all, and does not leave even the most trifling consultation to a physician who, without doubt, is in no sense his inferior. (Barthez had good cause to pay himself the tribute.) “Who is this man who is in such vogue?” he inquired of the servants in the hotel. The doctor was only known there by name: his name was Dr. Laurent, and every one repeated, “It is Dr. Laurent.”

One day, Barthez being at the head of the stairs, his unknown confrere emerged from his apartment, muffled in a rich dressing gown and wearing a black velvet cap fringed with gold. He saluted Barthez humbly, who, utterly astonished, suddenly exclaimed: “What! is it you, Laurent?” In fact, it was Laurent, his old servant.

“Yes, sir, it is I.”

"But how? Since when? Who the deuce made you a doctor?"

"You, sir, and I owe you my fortune. You remember, without doubt, that when I was in your service, I accompanied you everywhere in your professional visits, and that you employed me to convey your opinions to your numerous patients. Well, I listened to all that you said, read all that you wrote, and with all this and the help of a few good formulæ that I had stolen from you, I made a science of my own, which you see has produced me something handsome."

"You astonish me, Laurent; but your success surprises me still more; and I am so much the more astonished that I, who have been here fifteen days, and whose presence in Bordeaux ought to be known, have not had a patient, while you—," he added smilingly, "but what kind of a city is this?"

"It does not differ from others, sir, and fools are plentiful here, as everywhere else. Your astonishment, permit me to tell you, does not become a man of talent, like yourself. Answer me: how many sensible people do you suppose there are in a population of 120,000 souls? Five hundred? one thousand? fifteen hundred? I will grant you two thousand. Well, these two thousand are your property; but the remaining 118,000, who are fools, are mine, and you can look to them for nothing. Hence you need not be surprised at my numerous clientele."

Barthez reddened, said farewell to Laurent, and left Bordeaux the same evening, promising himself, in future, not to have such great confidence in his profound wisdom.

This anecdote proves that the supply of quacks will fail the fools, before the supply of fools will fail the quacks.

WE find the following biographical sketch of Prof. John T. Hodgen, President of the American Medical Association, in *Leonard's Illustrated Medical Journal* for October. We are sorry we cannot present the illustration which accompanies the sketch.

He was born in Pike County, Illinois, about 1826, and his early years were spent at the carpenter's bench. He commenced the study of medicine about the year 1845, and grad-

uated from the Saint Louis Medical College (then known as McDowell's) in 1849, and where he, at the present time, fills the chair of Surgical Anatomy and Fractures and Dislocations, and of the Faculty of the same institution is the Dean. He is also Professor of Clinical Surgery at the City Hospital.

He was delegated by the American Medical Association to the International Medical Congress, which convened in Philadelphia in 1876, and before the surgical section of this body read a paper upon Antiseptic Surgery, which was very kindly received. The year following he read before the American Association a very valuable paper upon "Extension in the Treatment of Fractures of the Femur." He is, probably, best known through his improvement of N. R. Smith's Anterior Suspension Splint for fractures of the lower extremity.

As, in politics, it is customary to ask concerning the candidate, of his "war record," we would say for the present officer elect, that Prof. Hodgen was at his post as volunteer surgeon for some five years, during which time the "Surgical History of the Rebellion" bears record that he was not idle.

In person, Dr. Hodgen is what you might call rather spare, though he cannot be called slim. His eye, a peculiar dark brown, is quick and sharp, and his mouth shows lines of decision, whilst his forehead denotes thought, reflection and a sense of responsibility. His hair is just tinging with gray, and he must be somewhat beyond fifty in his years. He is of a retiring disposition, and would not court office or position through the means that are usually employed to obtain it. He has a genial and most captivating manner with his friends—the reverse with those he does not care to cultivate—and a faculty of calling around him a corps of devoted adherents that marks him out as a natural-born leader of men. He has also that most excellent gift—reticence. As a surgeon, he is skillful, but not a brilliant operator, and has a great amount of mechanical genius. As a teacher, he is always instructive, and a favorite with his class.

**A HIGHLY MORAL COMMUNITY.**—The *Chicago Times* is responsible for the statement that a school teacher at the village of Summit, near Chicago, was recently dismissed by his board

of trustees, on account of his possession and perusal of Gray's Anatomy. A young woman seeing the volume lying on a piano at his boarding place, examined it sufficiently to satisfy herself that it was an obscene work, the fact quickly reached the board of trustees, and the result was the teacher's prompt dismissal.

MAINE LAW.—The *Chicago Times* says: "The inhabitants of Maine are very carefully protected from doctors. Among the legislative curiosities of the State, is a law providing that no man shall practice medicine in Maine without having first practiced dissection. This is supplemented by a law providing that no bodies shall be dissected excepting those of executed criminals, and the door is finally locked by another law which prohibits capital punishment."

ACCORDING to the *Philadelphia Medical Times*, consultations are comparatively very rare in Philadelphia. The reason assigned is that the young men are afraid to call in their elders because said elders allure the patients whom they are called to advise. What between the old men being thus crafty, the young men inexperienced, and Dr. Buchanan's diploma mills, medical matters look rather dark in the Quaker City.—*Medical Record*.

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## CORRESPONDENCE.

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PHILADELPHIA, PA., Oct. 15th, 1880.

DR. J. P. CHESNEY, EDITOR,

*Dear Sir:*

Having heard favorable reports of THE ST. JOSEPH MEDICAL AND SURGICAL REPORTER, and of its intended scope, I write to ascertain whether or no you desire any Eastern clinical material or stated correspondence.

As regards clinical matter, I can furnish good clinics, well written up, from such men as R. J. Levis, S. W. Gross, Thos.

G. Morton, D. Hayes Agnew, &c. My reports are always revised by the man who gives the clinical lecture, and carefully written for the printer. They run about three pages, printed matter.

As regards stated correspondence, I would be willing to write a monthly or bi-monthly letter upon the new and most interesting topics of the day, introducing short references to cases. Should this meet with your approbation, I should be pleased to enter into any arrangement with you which should prove satisfactory.

Hoping to hear from you soon, and to learn what price per printed page you would be willing to allow for such material,

I am, yours truly,

\* \* \*

The above very polite letter, from one who is evidently a cultivated gentleman, is not even impliedly *confidential*, and we therefore do not think we have done him any impoliteness in thus, perhaps, "rushing him into unpremeditated print." The letter, however, has its worth, and it is the province of journalists to suffer no available materials to go to waste. In the first place, we now for the first time "catch a glimpse" of the character of the *enterprise* of some of our brothers of the "pen and scissors." In the second place, we have again an opportunity to reiterate the declaration that ours is a *Western journal*, to be made up of *Western materials*, for *Western men*, and in the interests of *Western medicine*!

To show that western idea stands as a prominent factor in our editorial existence, and that the idea even pervades our household, it was suggested by one of the small boys that we say to the Philadelphia gentleman, that if he would "come west" we would employ him at a salary!

Our notions as to the value of the class of materials, as suggested by our correspondent, and the better method of conducting a medical periodical—at least in this part of the continent—is set forth in number four of the *REPORTER*, and we need say little now upon the subject. We commend the perusal of that article to all who contribute to our columns.



# SOCIETY PROCEEDINGS.

## Meeting of the District Medical Society.

### MORNING SESSION.

THE regular quarterly meeting of the District Medical Society of Northwest Missouri took place in this city on October 13th. The Association met at 10 o'clock, Dr. C. J. Siemens in the chair. Dr. D. I. Christopher, the Secretary, being absent, Dr. F. A. Simmons was appointed Secretary *pro tem*. The reading of the minutes was dispensed with and the regular roll call deferred till the afternoon session. Drs. Richmond, Goslin and Minton were appointed by the Chair as a committee on programme, and they reported as follows:

1. Calling of roll and reading of minutes.
2. Reading of paper by Dr. Goslin, of Oregon, Mo.
3. Reading of paper by Dr. J. T. Butler.
4. Reading of volunteer papers.
5. Reports of cases and specimens.

*Night Session*—Reading of paper by Dr. D. I. Christopher.

### AFTERNOON SESSION.

At the afternoon session the attendance was somewhat larger than in the morning, some members having arrived on the noon train. The roll call showed the following members present:

B. P. Williamson,	P. M. Ramey,	F. A. Simmons,
J. W. Heddens,	W. H. Bryant,	C. W. Spicer,
Wm. H. Hudson,	W. I. Heddens,	A. Mullinix,
J. W. Heath,	E. A. Donelan,	D. I. Christopher,
John Welsh,	C. J. Siemens,	W. B. Craig,
J. R. Scott,	T. H. Doyle,	J. G. Brownlee,
G. A. Figenbaum,	J. M. Richmond,	R. D. Smith,
N. Brokaw,	A. Goslin,	Geo. C. Brown,
I. S. Minton,	G. W. Manning,	A. B. Allen,
W. W. Carter,	J. T. Berghoff,	Wm. Hunter.

The Secretary, Dr. D. I. Christopher, then read the minutes of the previous meeting, in July, and they were approved.

There being no reports from committees, all other business was passed over, and Dr. Goslin, of Oregon, read a very interesting paper on "Enlargement of the Spleen." Dr. Goslin, before reading his paper, stated that he had brought Mrs. Scott, of Holt County, as an illustration of what the treatment of the disease mentioned, by hypodermic injection of Ergot, had done. Mrs. Scott was present, and he called the attention of the Society to her healthy and rosy appearance, which was very noticeable. A few weeks before, he stated, she had been suffering greatly from enlargement of the spleen and an almost entire absence of blood from the system. He asked that a committee of three be appointed to examine the lady and report to the Society as to the condition of the spleen.

The Chair appointed Drs. Spicer, Richmond and Bryant as such committee; and after an examination, they reported that they found the patient had an enormous spleen; they found that she had been treated with hypodermic injection of Ergot, and after seven injections she was almost entirely cured and the enlargement was almost gone. (See paper in this number.)

Dr. Simmons thought the paper one of the best on that subject he had ever read; it was plain and practical, and he liked it. He thought, however, that in some cases enlargement of the spleen was necessary for the welfare of the patient. The doctor took the position that in inflammations of the liver, and other abdominal and thoracic viscera, the congestions of the spleen acted as a safety-valve, or rather as reservoir into which surplus blood is stored—a *diverticulum*, really. He thought also that the causes of the enlargement of the spleen should be looked at and stopped, as well as to simply reduce the enlargement. Quinine was one of the most powerful agents to reduce the spleen. He was afraid of injecting Ergot into the spleen; he preferred the subcutaneous injection.

Dr. Craig thought Ergot had a more rapid effect on enlargement of the spleen than any other agent. It had been his habit to give hypodermic injections. He recommended injection of Ergot into the spleen.

Dr. J. W. Heddens agreed with Dr. Goslin, and reported one or two cases that had come under his care when injections of Ergot had been beneficial.

Dr. J. M. Richmond was much interested in the subject, and wanted an explanation of what enlargement of the spleen was, what caused it, and the manner in which Ergot effected the cure. He seemed to think the cures mentioned by others was due to Quinine as much as to the Ergot.

Dr. Doyle said the hypodermic injection of Ergot was an authorized operation that had been exercised for four or five years. He thought there was no doubt that no other agent would effect so rapid a reduction as Ergot.

Drs. Siemens and Goslin closed the discussion, which brought out many interesting facts in regard to the disease and the remedy.

Dr. Butler was down on the programme for an essay, but as he was not present, several pathological specimens were exhibited, after which the meeting adjourned till 7 o'clock.

#### EVENING SESSION.

The Society met at 8 o'clock, with a good attendance. The first business was receiving applications for membership, and Dr. Lockett, of Flag Springs, and Dr. Young, of Forbes, presented petitions for admission to membership in the Society. The petitions were referred to a committee consisting of Drs. Spicer, Goslin and Simmons. The committee reported favorably, and both gentlemen were elected by ballot as members.

Dr. J. M. Richmond then read a paper on the treatment of displacement of the womb. It contained many good ideas, and was well received by the Society.

Dr. D. I. Christopher read a very interesting and instructive paper on Ophthalmia Neonatorum. The paper was, by a unanimous vote, received by the Society.

Dr. F. A. Simmons agreed with the sentiments expressed in the paper, and was pleased to note the tendency to make the treatment of the eye mild, and went on to discuss other matters in connection with the eye.

Dr. W. I. Heddens also discussed the paper, differing somewhat from some of Dr. Christopher's treatment.

Dr. Craig also made a few remarks on the subject, differing from some of the suggestions of Dr. Simmons.

Dr. Spicer, of Andrew County, read a volunteer paper on

the treatment of diphtheria, which, he said, was at present epidemic in Andrew County. The doctor gave a detailed statement of the symptoms of the disease, and outlined his treatment. In Fillmore, out of a population of 1,500, they had had twenty cases and four deaths. He wanted to know how frequent cases occurred elsewhere, and some statement as to treatment by others.

Dr. Goslin stated that there were a number of cases in Holt County, chiefly along the water courses. He also gave some account of cases in his practice. The chief cause was, he thought, blood poison, and that was what they had to combat. Dr. Goslin gave his treatment of the disease, and said if there was an epidemic of diphtheria, he calculated physicians would lose from twenty to fifty per cent.

Dr. Smith said he had been through three epidemics of diphtheria, but he had no better remedies than heroic doses of Quinine and whisky. He kept the patient drunk from the start.

Dr. Doyle thought the disease of diphtheria a very important one. There was a difference of opinion as to whether it was constitutional or local affection. He thought primarily it was a local disease, and constitutional secondarily, when the system had absorbed putrid matter. Just as he was able to control the local affection, his patient got well. When the local affection got beyond his control, his patient had died.

Dr. Siemens said his experience agreed almost entirely with that of Dr. Doyle. When he first came to this country, there was a severe epidemic of diphtheria in Pennsylvania. The most successful physician was the one who used only Chlorate of Potash. He used this to a certain extent ten years ago, and only lost three cases out of forty. The treatment, however, required constant application. In his treatment now he used other remedies in addition to this. He thought it a local disease.

Dr. Figenbaum made a few remarks on the subject. He did not think it entirely a local disease, and that it must be a constitutional disease. His constitutional treatment was whisky and Quinine, which counteracted the blood poison, with other local applications to aid them.

The next subject for discussion was puerpo-malarial fever.

Dr. Doyle had never heard of such a disease.

Dr. Bryant made a short speech ridiculing what he termed the malarial mania.

Dr. Richmond differed with Dr. Bryant in his assertion that there was no such thing as puerperal-malarial fever, as it arose sometimes from inflammatory causes. He thought there was such a thing as a puerperal woman taking on malarial fever, which, for want of a better name, was given that referred to.

Dr. Doyle could not see the necessity of such a name. Women who had given birth to a child, often took on malarial forms of fever, but thought it could not properly be the name above referred to. He thought the names of diseases should be kept as simple as possible.

Dr. Spicer differed with Dr. Doyle on this question. He thought a great many diseases were caused by malaria, which simply means bad air.

Drs. Bryant, Simmons and Richmond continued the discussion at some length, bringing out many new points in regard to the disease.

Drs. Richmond, Doyle and Heddens were appointed a committee to select essayists and subjects for the next meeting.

The janitor was allowed \$2 for his services.

The committee on essayists and subjects reported as follows:

*Essayists*—Dr. J. A. Fegenbaum, Dr. R. H. Smith, Dr. J. W. Heddens, Dr. F. A. Simmons, Dr. J. P. Butler and Dr. E. A. Donelan.

*Subject for Discussion*—"Meningitis."

The meeting then adjourned till the next regular meeting in January, 1881.

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## THE PEN.

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WE have received the volume of "Transactions" Missouri State Medical Association for 1880. This, we think, is the neatest publication of the kind which the State Society has

ever issued. We doubt the propriety, however, of making the monetary outlay necessary to get out such works—particularly when such parts of them as are of real value could very well be condensed into a form where it could go into a single issue of any of our larger journals. We cannot omit to notice one portion of its contents—the report of the Committee on Medical Education. The author of the report says, in speaking of one of the medical schools, that its “standard of graduation” is higher than that of any of the other schools. We fail to how this is possible, when at the same time a communication is introduced from a prominent professional gentlemen, tending to place a low estimate upon clinical advantages, and applying his theory directly to the conditions of this school. Altogether, however, this report of Dr. Laws is an interesting one, and is, we think, a move in the right direction. By it we see that there are seven medical schools in the State: three in St. Louis, one in Kansas City, two in St. Joseph, and the medical department of the State University, at Columbia. There were in attendance at these schools for the scholastic year 1779–80, six hundred and nineteen students, of whom two hundred and fifteen graduated.

There are a number of well written papers among those which constitute the body of the volume, among which, one by Dr. Engelman, of St. Louis, on the dangers attending even very simple uterine manipulations, is worthy of thorough study.

In the back part of the volume, in giving the list of officers who have served the society from its beginning, I see the name of the writer, Dr. J. P. Chesney, omitted. This is not the first time this has been done, and I am of the opinion that it is about time the mistake was corrected. *I was elected secretary of the society* at St. Joseph in 1872, and in such capacity edited the “Transactions” of that year. Dr. “Dick” Anderson *resigned* as secretary of the society, and Dr. J. P. Chesney was elected to fill the place thus made vacant. This is a small matter, and the writer has no disposition to be querulous; but if there are *honors* in the publication of the names of former officers of the society, let us give honors to whom honors are due.

WE have also been favored with a copy of the "Transactions" of the State Medical Society of Kansas for 1880. The work shows that the society has a large membership, located in all parts of the State. We regard this as sufficient evidence of its prosperity and usefulness. The volume has also some good papers, and is, altogether, a very readable volume. We congratulate our brethren "over the river."

Among the list of its members we note many old, familiar names—names with which we became acquainted and which we learned to honor long years in the past, when they and we met side by side in the pages of the Leavenworth *Medical Herald*. Then we labored with them to *build up* a reputable literature and a worthy profession in the infantile West. The names we refer to are those of Cochrane, Lanphear, Shoyer, Newman, Sinks, Le Carpentier, Brock, Starmout, Prentiss, Thomas, Neeley, Burge, and many others.

Lately, we have had differences with these gentlemen, as members of their State Society—differences not of our seeking, but which were intruded upon us without reasonable cause—almost without pretext. We refer, of course, to the society in its attitude toward the College of Physicians and Surgeons of this city—of whose faculty we are a member. We do not think, however, now that we have had time to reflect, that any one of the gentlemen named, nor, perhaps, hardly any medical man in Kansas, would knowingly have done us a wrong. We know how such resolutions as that of which we write are usually disposed of in medical meetings. The resolution concerned no one, probably, in the State, except the mover of it; and as it is not customary to vote *no* on resolutions which do not *directly* concern us, the proposition carried perhaps through mere indifference on the part of the members—no six of them, ten minutes later, remembering that such a resolution had been before the society. We have seen enough of society work to know how such things go. Taking this view of the matter, we are willing to believe that at the next meeting of the society it will cheerfully rescind its action in regard to the institution above named.

## EDITOR'S DRAWER.

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DR. HUGHES, editor of the *Alienist and Neurologist*,—the splendid “quarterly” of scientific, clinical and forensic psychiatry and neurology,—has placed us under obligations for several “reprints” from his own versatile pen,—reprints from the pages of the several numbers of his own and other journals. The first is, *The Medico-Legal Aspect of Cerebral Localization and Aphasia: Alienist and Neurologist*, July, 1880, (conclusion.) *Notes on Neurasthenia: Views of a Pioneer American Writer—Alienist and Neurologist*, October, 1880. *Reflex Cerebral Hyperæmia: Read before St. Louis Medical Society—St. Louis Medical and Surgical Journal*, June, 1880; and a deeply interesting paper, just published, entitled *Reflex Cardiac Gangliopathy, with Hereditary Diathesis*. The *Alienist and Neurologist* is one of our largest and best “American quarterlies,” and is devoted to the cultivation of a field in pathology and its necessary therapeutics, which is assuming a grave importance in American medicine. The wide-spread and rapidly growing mental and nervous disturbances of our people cannot escape the notice of the most casual medical observer, and to be competent to grapple with them the physician must possess all the light accessible: this light is *recent*—not commonly found in books, but mostly in periodical literature, and of this the *Alienist and Neurologist*, we think, is superior. To any of our readers who may desire it, the *Alienist and Neurologist* and the *St. Joseph Medical and Surgical Reporter* can be furnished for one year for \$5. Subscriptions may be sent to either Dr. Hughes, 1126 St. Ange avenue, St. Louis, or to the *MEDICAL AND SURGICAL REPORTER*, St. Joseph, Mo.

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THE beautiful volume—*Bartholow's Practice of Medicine*—is on our table. This work is published by the well known house of D. Appleton & Co., New York, and is a model of typographical and mechanical neatness. The book is made up



mostly from matter which has come under the author's immediate notice during an extensive professional career—observations made under the broadest and most varied conditions,—he having had active experience as to the maladies common to Kansas, Utah, Colorado, New Mexico, Minnesota, Washington, Baltimore, Nashville, &c., during his connection with the medical staff of the United States Army,—while his long residence at Cincinnati renders him particularly fitted to treat of the maladies of the Mississippi Valley. These, together with the fact that Dr. Bartholow has long been a most active contributor to the more valuable literature of the profession, should procure for his work a large patronage from the profession in the West; and as the very latest work on practice issued from the American press, we bespeak for it a large sale.

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WE have been favored by Dr. Bryce, of the *Southern Clinic*, Richmond, Va., with a copy of the *Philadelphia Record*, the newspaper which had the enterprise that “floored” Buchanan's diploma mill. The number before us is for July 17th, 1880, and contains a list of the names of those who hold “sheepskins” from the learned doctor's “institute.” It gives us pleasure, as well as a little surprise, to note that very few indeed of these bogus doctors are denizens of the West: we believe that of the ten or twelve thousand to whom these certificates were issued, hardly more than a dozen can be found west of the Mississippi—Missouri, Kansas, Nebraska, &c., being almost uncontaminated with the names. While all the States, the Canadas and some foreign countries have their quota, yet it seems that Pennsylvania took the lead in furnishing patrons to the “institution.” We presume they acted upon the principle of sustaining *home enterprises*.

---

THE St. Joseph College of Physicians and Surgeons has entered upon the second year of its existence under most flattering auspices,—having, at the beginning of its course, October 4th, a class of sixty. These young men represent almost every State west of the Alleghenies, and in intelligence, culture and gentlemanly deportment, would do credit to any school in the Union. St. Joseph does nothing by “halves.”

WE see that Dr. Harry Sims who "went west" two or three years ago and located in San Francisco, is quitting that city and returning to New York to take up his residence. Dr. Sims is the son of the eminent J. Marion Sims, whom the whole gynæcological world delights to honor, and he seems to have been popular among the professional men of the great western metropolis, if their journals are a proper index to that fact; but it seems probable the *people* knew little of the guest they entertained, and so are content to let him return to his old home. Dr. Harry Sims seems to have been an active member of the *working* professional organizations in the great city, and the profession there will no doubt miss him.

---

WE direct the special attention of our readers to the rates of commutation as established by the *Alienist and Neurologist* and our REPORTER. By this arrangement the reader can get a copy of the REPORTER one year *gratuitously*, as the regular subscription price of Dr. Hughes' quarterly is \$5.

---

SINCE our last issue we have received in exchange a copy of the *Indiana Medical Reporter*, Evansville. This is a neat monthly, edited by Drs. Owen, Harper and Compton, and is no doubt a valued and welcome visitor to the office of its many readers. We wish it abundant success.

---

WHY does not some able-bodied individual desirous of wide-spread notoriety, hie him to Chicago or New York and see how long he can survive without a *nap*.

---

ON page 134, in Dr. Donelan's article, third line, the reader will please insert a semicolon (;) between the words "agents" and "by."

---

THE demand for copies of this journal has increased to such an extent that it necessitates an additional number of the present issue.

---

WE have on hand interesting original articles from a number of medical gentlemen, for December number.

---

WE will begin volume two of the REPORTER Jan. 1st, 1881.

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- J. W. HEDDENS, M. D., 404 Francis streets, Professor of Surgical and Descriptive Anatomy, and Genito-Urinary Diseases, Secretary.
- E. A. DONELAN, M. D., 309 Fifth street, Professor of Materia Medica, Therapeutics and Diseases of Children.
- F. A. SIMMONS, M. D., corner Felix and Eighth streets, Professor of Physiology and Diseases of the Nervous System.
- S. F. CARPENTER, M. D., corner Eighth and Edmond streets, Professor of Chemistry and Lecturer on Diseases of the Chest.
- P. J. KIRSCHNER, M. D., Third and Edmond streets, Demonstrator of Anatomy.
- C. G. HUBBELL, M. D., Fourth and Francis streets, Lecturer on Eye and Ear.
- J. P. CHESNEY, M. D., corner Eighth and Felix streets, Professor of Gynecology.
- C. H. DARBY, D. D. S., Third street, between Jule and Faraon, Lecturer on Dental Surgery.
- GOV. SILAS WOODSON, Lecturer on Medical Jurisprudence.
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THE SAINT JOSEPH  
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ORIGINAL ARTICLES.

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On Fasting: A Brief Critical Note.

BY C. H. HUGHES, M. D., ST. LOUIS, MO.

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Another physiological idiosyncrasy has passed into medical history, to be classed with the Colonel Townsends, the Alexis St. Martins, the Phineas P. Gages, *et id omne genus*. Dr. Tanner, instead of becoming a ghastly corpse, is now a wonderful gastrologic *corpus*, and all the journals have ventured opinions on his *venter*. The sequel of his prolonged abstinence reveals as great a gastronome as faster.

Tanner's success was probably due to an exceptionally powerful organism, free from hereditary tendencies to disease, and to that rare degree of inhibitory psychical influence which a strong and confident will is capable of exerting for a time over retrograde metamorphosis in the tissues essential to persisting vitality. Should Tanner try the same feat again there is no certainty that he would succeed any better than Colonel

Townsend finally did, who stopped his heart's action once too often, and died in consequence. Tanner was beaten six days by the hog whose history we gave in our medical brief on "Reserve Force" in June, 1879, which survived; and by poor Reuben Kelsey, of New York, thirteen days, who, however, paid, in death, the penalty of his folly; and further still by Dr. Desbarrour Bernard's well authenticated case of the starving prisoner of Toulouse, who lived sixty-three days on water, and cheated the gallows of its due. Yet, if we except the forty days fast in the wilderness, and the fast of the Indian Fakirs, Tanner may be regarded as the champion living faster, and may take his place among the Westons, the Windships and Blondins as a *rara avis* of the *genus homo*. If he follows the example of Henry Clay, and refrains from imperiling his reputation by a second effort, he may keep his place in history as the man of the remarkable stomach, and be remembered as we remember the "cast iron man," the India rubber man, etc.; or he may be remembered as we recall the memory of poor Sam Patch, who went once too often off the bridge and under the waters of Niagara. As Dr. Edgar lived over three score years with a heart that would not in all probability sustain the writer's or the reader's vitality for a week, and as Dr. Binkley's patient, Jo. Barger, whom we lately saw at Shawneetown, Ill., survived, without paralysis or impairment of reason, a gunshot wound of the head equal in extent to that of Gage's, so we wonder that Dr. Tanner lives; but his experiment demonstrates none of his theories, and overthrows no generally established fact in regard to the necessity of timely and daily alimentation, or the usual evil consequences of prolonged abstinence.

## Puerperal Convulsions Successfully Treated with Chloroform and Bromide of Potash.

By J. C. BERNARD, M. D., HAYNEVILLE, Mo.

Wednesday morning, October 13, 1 o'clock A. M., I was called to visit Mrs. A. C., aet. 19. Nervous sanguine temperament, in labor with her first child. Upon my arrival I was informed that she had had a convulsion; I found her complaining of a severe frontal headache, pulse full, and excessive throbbing of the carotids. I learned from her nurse that she had been suffering with labor pains from the previous day up to the time of my visit. In a short time another convulsion came on with more severity than the first; after it ceased I commenced giving chloroform by inhalation until anæsthesia was produced. I then withheld it until consciousness returned. I found it producing a very tranquilizing effect, which gave me encouragement to continue its use. Upon digital examination I discovered the os dilated and the labor in its second stage. Four o'clock A. M., she gave birth to a small child, about 7½ months in utero gestation. After the removal of the placenta, she rested well for one hour, then the convulsions returned; after they passed off I resumed the use of the chloroform;—ordered the nurse to give her bromide potash in ʒss doses, every three hours. Between 8 and 9 o'clock A. M. convulsions returned—had two in close succession; the bromide of potash was increased to ʒi every three hours. Visited patient at 6 P. M., found her resting quietly, pulse soft and regular, breathing normal, answers questions intelligibly; ordered oleum ricini, ʒss, spirits terebinth. min. x; bowels moved at midnight, and she rested well the remainder of the night. Next morning she expressed herself as feeling as well as she ever did; at this writing, October 25th, she is entirely restored.

## SCISSORS

ETIOLOGY.—At our meeting two months ago, I heard a very learned and interesting paper on Etiology. The writer took strong grounds, and quoted many authors to prove that contagious diseases are never produced by any cause save contagion or infection, that one case of typhoid fever is always the product of another case of typhoid fever. This theory was indorsed by two of the gentlemen present.

I make this short reply because I believe their opinion erroneous and dangerous; erroneous, in as much as I am convinced that typhoid fever in many cases does originate spontaneously; dangerous, because disseminating such belief in a community, is calculated to cause a disregard of sanitary precautions.

I will quote but few authors in support of my views; it is useless to do so because of the difference of opinion among them. A large majority of those of the British Isles take the opposite side, whilst in France and Germany the majority deny contagion.

But there is one feature in the argument of my young friend which is not sustained by a single author, as far as I know; that is the statement that "as showers of dust have been known to fall on ships a thousand, and sixteen hundred miles from land, therefore, the spora of typhoid fever may be carried great distances by currents of air, thus accounting for contagion in cases of fever appearing in isolated localities where none had been known for miles around."

This argument seems highly poetic in view of the fact that the most staunch contagionists admit that the contagion of fever is feeble, and becomes harmless even a few feet away.

Watson, whom I deem the best guide on practice, is of the opinion that continued fever is always the product of contagion, yet he says, "There is reason to believe that the poison,

unless pent up, does not remain active at any great distance from the person from whom it proceeds, not even many yards or feet."

This quotation will express the views of all the contagionists whom I have read or seen quoted, and, if true, completely explodes the above fanciful dust theory.

If I were compelled to define the cause of typhoid fever in one word, it would be—*filth*.

I do not assert that filth alone will produce fever, but that if combined with certain electrical and other causes, not well understood, it may, and often does produce fevers that once produced become infectious; for I readily admit that typhoid fever is infectious, and is often produced by infection.

That it is never engendered, is to suppose that the Creator created Adam and Eve with the seeds of all the infectious diseases in them, and thus transmitted them to us, their descendants: an idea utterly preposterous.

Then, if those diseases had in the first instance a spontaneous origin, under some peculiar circumstances, why may not those circumstances occur again and again?

Tweedie says, "The primary seat of typhoid fever, properly so called, is proved to be in the blood, caused by the introduction of animal or *vegetable* effluvia into that fluid."

And further he says, "There can be no doubt that the most potent febrile poisons are the exhalations from the bodies of persons laboring under some form of fever. The proofs on this point are so clear and satisfactory, that few persons deny that fever originates in contagion. To assert that contagion is the only principle capable of producing the disease, evinces a very limited notion of the circumstances under which fever is generated."

And further he says, "The human body, not only when affected by disease, but, under certain circumstances, in a state of health, generates a poison which gives rise to fevers. This principle, notwithstanding the reasoning of ingenious disputants, has been incontrovertibly established by a multitude of facts."

I could go on with quotations similar to the above, from a host of authors, many of them contagionists, as Tweedie was, but I deem it unnecessary. In fact, I do not think that the

great authors are good judges of the question under discussion, for their experience has been confined to large cities, where it is impossible to prove non-contagion.

Country practitioners have a better chance to draw correct conclusions; therefore, let us resort to our own good common sense and observations.

Mayslick, Mt. Sterling and Paris, Kentucky, which form a triangle some thirty miles apart, have long been known as places terribly scourged with typhoid fever, breaking out every few years and proving terribly destructive to the inhabitants of those places, at times when the surrounding counties were free from fever. So marked was this, for a long series of years in Paris, that the citizens of Bourbon county, of which Paris is the county seat, called it "Paris fever." Sometimes these three places would have the scourge for several years in succession, then would be exempt for four, five, or six years. Surely there must have been some *local* cause for this.

One February, in the early fifties, it appeared in four families in Fleming county, Kentucky. I could trace no contagion, but found plenty of evidence in surrounding filth to satisfy me of its spontaneous origin in each family. These families lived several miles apart in sequestered localities. There were six cases in the four families, and although they were freely visited by neighbors, no other cases occurred for miles around.

January, 1859, four cases appeared within a few days of each other, in a family four miles from Linneus, Missouri. It was a family who lived in great isolation, in an old log house, weather-boarded and plastered, with floors well to the ground. Let me here remark that I have never seen a family occupying an old decaying building of this kind who enjoyed good health. The family were slovenly in their habits. These four cases were very severe, but all recovered. I attended them, and living at the county seat, had every facility to know that there were no other cases in the county at the time.

During the illness of these four cases, a young married lady of Linneus, with her two daughters and a negro boy, driver, went to the place and spent three days and nights, came home, and in about two weeks all four sickened of the disease within

a few days of each other; all four died. They were visited by four physicians regularly, and were constantly nursed by neighbors, but no other case of typhoid fever appeared in Linneus that winter or spring.

A contagionist could sieze upon those four latter cases as proof positive of contagion; but could not the non-contagionist, by combining the facts of the eight cases, have the better argument, when he asserts that the disease is not contagious, and that the latter four only imbibed the local poison that produced the disease in the first four.

I have seen again and again, in country localities, where the disease had not been seen for years, scarlet fever, mumps, measles and whooping cough, suddenly appear in great numbers of cases in a few days, so suddenly and in so great numbers as to utterly preclude the idea of contagion. Yet few will deny that these diseases are contagious.

In support of this view, many authors could be quoted. Ferguson, Inspector General of British Army Hospitals, says: "All that has been urged against the contagiousness of plague applies with equal force in the case of diseases notoriously contagious, as small pox, typhoid fever, scarlatina and measles. These diseases arise or become epidemic from some atmospheric or terrestrial cause, rage for a certain time, and finally, when the epidemic cause ceases, decline. During their prevalence they spread both from an epidemical cause as well as by contagion."

It is my firm belief that most, if not all contagious diseases, do sometimes, under peculiar circumstances with which we are not well acquainted, arise spontaneously.

You have here in this town, with its boasted wealth of intellect and ducats, and I presume in all towns, not provided with sewers, a want of sanitary precaution sufficient to disgust and shock the intelligence of a savage. If the world advances in improvements in the next hundred years as it has in the last, it will be hard for the then generation to believe the historians of this day, when they read of your privy vaults. I presume there are five hundred in this little city, pits ten to fifteen feet deep, in which are the accumulated secretions from the human body for decades, continually sending forth their noxious vapors,

debilitating and poisoning the inhabitants. No wonder you have, and have had scarlatina for eighteen months. No wonder you have typhoid fever. The wonder is that you are not decimated; and were it not that nature humanely permits the human body to become inured to poison, and gives those habitually exposed to it greater immunity than those accustomed to breathe pure air, you would be.

No need to look for the cause of disease to be wafted to you by aerial waves, when you have such sinks of pollution and death in your midst.

This question was cursorily discussed at our last meeting. I spoke of sixteen Irishmen in Kentucky, who in 1851-52, wintered in a log hut, twelve by fourteen feet, who had daubed it as tight as mud could make it. When warm weather commenced in the spring, they began to come to me, feeble, pale, torpid, with flabby, trembling tongues. At last I was sent for to visit the hut, and found the condition above described. Then the cause of the illness of my visitors was plain. I thought the horrid stench of the shanty enough to breed any disease, and told the boss that his men were poisoning themselves with their own filth and foul air. We punched numerous holes in the hut, and ordered a thorough washing, scrubbing and airing of the place and its contents. In a few days the Irishmen were themselves again.

I expressed the belief that those men would have had ship-fever, typhus, if their condition had not been speedily changed; that they were generating the disease by their own foul secretions and the want of oxygen in the air they were breathing. It was especially this opinion which my learned friend ridiculed, and which called forth his argument, so much more eloquent than scientific, that I did not know what I was talking about; that if the men were really in the incipient stage of fever no sanitary precautions could have averted it, etc.

As it would be equally unpleasant to your readers and to myself were I to reply in a similar strain, I have endeavored to state my own views concisely, and I will close with the statement of a fact that few will dispute, that persons may be, and often are exposed to the exciting cause of diseases, whether they be emanations from the sick or atmospheric poisons, to an



extent that disturbs the healthy functions of the body, so much so that they are quite unwell, and yet, by timely removal from the exciting cause, the powers of nature, the *vis medicatrix naturæ*, throws off the incipient disease that would have been fully developed had the person remained exposed.

But when continued fever has once fully formed, I admit there is no known process that can prevent its running its regular course.—*N. W. Harris, M. D., in St. Louis Courier of Medicine.*

WHAT IS LIFE?—Is science making any advance towards solving the mystery of the evolution of life? At the last meeting of the American Association for the Advancement of Science, Prof. G. F. Barker, the President, read an essay on this question. The essay is one that our profession ought to read; it is as masterly in research as it is pregnant with startling suggestions.

Quoting the definition of life of Kuess, of Strasbourg, "Life is all that cannot be explained by chemistry and physics," Prof. Barker protests against the assumption that the equation of life is altogether insoluble; it is being hemmed in on all sides. One by one the phenomena of life hitherto regarded as "vital" are resolving themselves into simple chemical processes. In the organism, starch is converted into sugar, just as it is in the laboratory. Urea, so constant a product of the body's chemistry, can be formed artificially by the chemist. Digestion is a chemical process that can be easily reproduced in the laboratory. Respiration is a purely chemical function. Absorption is osmotic, and therefore physical. Circulation is a simple hydraulic function. Coagulation has been shown to be purely chemical. Even the action of muscles, heretofore regarded as a vital phenomenon, is now admitted to be a physical one.

The function of the nervous system is less amenable to such classification, inasmuch as it is less understood. Prof. Barker believes that the duty of the nerve fibre is the transmission of energy, and that this energy is in all probability electrical. He likens the motor and sensory nerves to a double telegraph line. It is highly probable that when the nature of

electricity has been more closely investigated, the functions of nerve-cells will prove to be, like everything else of the earth, earthy, the result of the play of known physical laws.

Prof. Barker argues that as the energy of the brain comes from the food, the brain must act like a machine and transform energy. Mental action is accompanied by heat, and requires a distinct time for its performance. By the measurement with the noemotachometer, one twenty-fifth of a second, for instance, is found necessary to form a judgment on the priority of two impulses acting on the same sense. The amount also of nervous action can be measured by the quantity of blood used in its performance.

Thus is a new physiology being developed by Bain, Maudsley, Spencer and others, based on natural laws as applied to mental phenomena. Emotion, in this new science, is the sensibility of the vesicular neurin to ideas. Memory, the registration of stimuli by nutrition. Reflection is the reflex action of the cells in relation to cerebral ganglia. Attention is the arrest of the transformation of energy for a moment. Ratiocination is the balancing of one energy against another. Will is the reaction of impressions outward. And so on through the list.

It is chemical science that is flooding with light the mysteries of the so-called "vital" processes. It is to chemistry that the scientific world look for the solution of the problem of life. "Chemistry," says Prof. Barker, "encourages the expectation that there will yet be found the precise proteid of which the changes of protoplasm are properties. The rapid march of recent organic synthesis makes it quite certain that every distinct chemical substance of the living body will ultimately be produced in the laboratory, and this from inorganic materials. Given only the exact constitution of a compound, and its synthesis follows. When, therefore, the chemist shall succeed in producing a mass constitutionally identical with protoplasmic albumen, there is every reason to expect that it will exhibit all the phenomena which characterize its life."

Protoplasm is the physical basis of all life, animal and vegetable. If, as Prof. Barker assures us, it lies within the power of the chemist to produce it, what then? Will the dis-

covery bring us nearer the solution of the riddle of vitality? Will it settle the spontaneous generation problem, over which Bastian and Tyndall have so earnestly labored, and enable us to evolve life out of chemical combinations.

One certain outcome may always be predicted from our increasing knowledge of nature, namely, the elimination of the supernatural from our lives. Daylight drives away night's phantoms. To the savage, the thunder, the rain-storm, the earthquake, are the effects of supernatural agency, the visitations of an angry God. To the non-scientific man, who is still ignorant of the more intricate workings of nature's laws, the processes of a living organism stand in the same relation. He cannot understand how thought originates, how muscles contract, how nerve-force is transmitted, and he invokes the supernatural in explanation. He calls these processes "vital," in contradistinction to those he *can* understand, and which he calls "physical." There must be some immaterial principle, he reasons; some mysterious power, some *Deus ex machina* to keep up the current of those phenomena on which existence depends. But science needs no such external aid. It sees in life but the interaction of chemical and physical forces. In the metamorphosis of tissue, the transmission of energy, the genesis of molecules, the myriad activities of a living being, it recognizes an immutable reign of law. It sees in matter, once despised and rejected of men, "the promise and potency of every form of life."—*W. H. M., in Western Lancet.*

A PECULIARITY IN THE HUMAN HYBRID.—A curious and interesting fact in regard to the admixture of blood as it occurs in the human hybrid—mulatto, seems, so far as I have learned, to have escaped the notice of those who have written on the subject of the interbreeding of the caucasian and negro races; and it is, therefore, deemed of sufficient moment to occupy a few brief paragraphs in the journal at this time.

Every thing that is capable of throwing any additional light upon the great obscurity which has so deeply shrouded the origin and history of the human races during the eons of the existence of some of them, at least, should, I think, be considered of sufficient value and importance to be placed upon

permanent record for the benefit of such as are, and may be engaged in the study and investigation of the intensely interesting subject of Ethnography ! As stated in a previous article in this journal, page 375, my opportunities for studying the phenomena developed in the human hybrid have been confined exclusively to the offspring of the white man and negro woman, but these have developed many curious and interesting facts both in their mental and physical characteristics, well worthy of extended study and investigation by those who would more fully learn the physiological laws governing hybridity in the human races. Anatomists are aware of the great and radical differences and distinctions which so widely separate and indelibly mark the white and black races ; and are in this country, at least, familiar with the structure of the mulatto also ; but a knowledge of all this is not sufficient to account for certain physiological facts which seem unique, and to belong to the human hybrid peculiarly and alone ; but I must proceed to speak of that one now, which more immediately evoked attention to this article. Extended observation and careful notation in the direction already indicated, show that from *sixty-five to seventy per cent.* of the children begotten of negro women, by white men, are *female* ! Whereas, the average births in the late slave-holding states of this country, where my observations were chiefly made, in the unmixed caucasian and negro races, were from one hundred and four to one hundred and six males, to one hundred females, in the former ; and from one hundred and one to one hundred and three males, to one hundred females, in the latter. In some few localities the births seem to have been about *equal*, as between male and female, in the negro race. The percentage of males in this race, in all cases, where my statistics were obtained, was very small as already shown by the numbers above. That there *are* laws governing every function in the animal organism, is too well known to enlightened scientists to require any argument to establish their existence and their operation. In fact, it would be about as reasonable to doubt one's own existence at the present day, as to question the universality and varying perpetuity of such law or laws ! In our present limited acquaintance with the secret operations of nature, we can furnish no good reason for the

large percentage of the female sex in the human hybrid; but its significance should not be overlooked nor disregarded on that account; if we would hope to be able to read in future, its meaning for good!

Such observations and comparisons as I have been able to make in regard to the *Mule*, have lead me to believe also that *a large percentage of that hybrid is female!* I have thought from time to time, I would interrogate some gentleman of experience in breeding mules, as to whether the percentage does not rise quite as high in them as in the mulatto? Should this paragraph meet the eye of any one of experience and observation on this point, such information, confirmatory or not, of my limited observation, as they might think proper to impart, would be thankfully received and duly appreciated. Could not some of our confreres in the *Southwest* furnish the information we desire to have on this point? At a future time, I may take occasion to add something on the tendency of the human hybrid to certain diseases, some of which are not inherited from either race; and on the *impossibility* of its perpetuation as a *variety* of the genus homo! and thus attempt to show another parallelism between the mulatto and the mule.

225 Gilmore St., (Harlem Square,) Baltimore. September, 1880.—*Harvey L. Byrd, A. M., M. D., Etc., in Independent Practitioner, Baltimore, Md.*

NOTHING NEW.—Every one has been annoyed by finding that something carefully studied and remembered as really new, proved subsequently to have been well known for generations, and sometimes even for centuries. When fossil skulls have been found with apertures, evidently made with the terphine, and, as in Peru, with apertures made even with the conical trephine; when the Recamier speculum has been found fairly represented amid the exhumed curiosities of Herculaneum; when it is found that the most complete tourniquet of the Nineteenth century was used by Petit more than a century ago; when many of the best surgeons purchased a steel engraving representing the first use of the ligature by Ambrose Pare, and learn that the ligature was used by Fabricius in the Seventeenth century, and even recommended by Scultetus;

when one reads all that is said of the invention of acupuncture by Sir James Y. Simpson, and finds that acupuncture was familiar to surgeons who lived in the latter part of the Seventeenth century; when, as is claimed, the production of anæsthesia for surgical purposes belongs, as a discovery, to Wells, or Morton, or Jackson, or Long, and finds that it was used in Spain in 1498, and that long before this time Guy de Chauliac was familiar with this process; when one reads of antiseptic drainage tubes as suggested by modern gynæcology and finds that Hippocrates used them, and that during the Fifteenth century all surgeons were familiar with them; when obstetricians are noisily prating about Crede's method of expressing the placenta, and find this method in familiar use by the old squaws of the Kiowa tribe of North American Indians; when delineations of Chamberlain's forceps are found in an Egyptian temple for centuries buried under the sand, and that these same people "filled" decayed teeth with gold, etc., etc., etc., the most confirmed enthusiast in regard to the inventive faculty of the Nineteenth century becomes impotent, and is helplessly inclined to believe the familiar old aphorism that "there is nothing new under the sun."—*Gaillard's Medical Journal*.

TRACHEOTOMY IN CROUP.—After reporting thirty-five very interesting cases, Doctor Ripley reaches the following conclusions:

1. That the operation of tracheotomy on young children for croup, in its imminent peril to life, is one of the most dangerous operations in surgery.
2. That when the operation itself is safely completed, its secondary effects are not to be feared.
3. That from 20 to 30 per cent. of the cases operated on recover.
4. That tracheotomy will permanently relieve the distressing dyspnœa in more than half the cases operated on.
5. That of those who subsequently die of bronchial croup, a considerable number suffer less than if they had been abandoned to their fate without an operation.
6. That it is always a justifiable procedure in croup, if the paramount factor in causing death be apnœa.

7. That the importance of operating early in the disease has been greatly exaggerated.

8. That early operations are sometimes needless operations.

9. That, as a rule, any prognosis based on the condition of the child before the operation is unreliable.

10. That nasal diphtheria, *per se*, does not add gravity to the prognosis.

11. That having a specially skilled nurse to attend the patients during the after-treatment would increase the number saved.

12. That, if there be an inflammatory exudative croup in contra-distinction to diphtheritic croup, clinical observation has not enabled me to differentiate it.

13. That the medical treatment must be conducted on general principles, none of the pet drugs now in use being in any degree specific.

14. That the tube should be permanently removed as soon as respiration can be carried on through the larynx—the only certain test for this being to temporarily remove *both canulae*, and prevent the admission of air through the wound by stretching a piece of oiled silk or other impermeable substance over the opening.

15. That the tracheotomy wound, as a rule, needs no special treatment. If it be the seat of large and troublesome granulations, these may be destroyed with any of the stronger caustics—preferably nitric or acetic acid.—*John H. Ripley, M. D., in Medical Record.*

**HOT ICE.**—The fact that the boiling point of a liquid is dependent on the pressure to which it is subjected has long been a fundamental one in chemical physics. Within a few years it has been discovered that in order to convert a gas into a liquid the temperature must be below a certain point called the “critical temperature.” If the temperature is above this point no amount of pressure, however great, can liquify a gas. The gas indeed may be compressed until it occupies no greater space than it would as a liquid, but nevertheless it is still as gas. As a remarkable counterpart to the above, Mr. Thomas

Carnelley (Chem. News) announces the law that "in order to convert a solid into a liquid, the pressure must be above a certain point, which is the 'critical pressure,' otherwise no amount of heat will melt the substance." Acting on this theory Carnelley has obtained ice at a temperature so high that when touched it burned one like a hot iron. In like manner he has maintained ice indefinitely at a temperature far above 100 deg. C. without its having shown any signs of fusion. In this condition the ice slowly passes into a vapor without taking on the intermediate liquid state. These results are obtained by working in a partial vacuum in which the pressure is not allowed to rise above four and six-tenths millimetres, which represents the tension of aqueous vapor at 0 deg. centigrade.—*Chicago Medical Review*.

BLOOD STAINS.—The startling thought having occurred to Dr. Chas. O. Curtman, of St. Louis, that there was a possibility of the transfer of human blood by predatory insects, such as the mosquito, bed-bug, etc., he was led to make the following experiment: Mosquitoes were kept in close confinement after imbibing their fill of human blood. At different periods of time they were crushed, and the blood examined in various menstrua. In all cases, up to forty-eight hours after a meal, a large proportion of human blood corpuscles were unchanged and readily recognizable. The size and color of mosquito blood are very different from human. As the result of more than one hundred careful measurements, he gives the following sizes: Human blood (after imbibition by the mosquito), averages, in dilute glycerine, 1-3200 inch; in 80 per cent. alcohol, 1-4000 inch. Mosquito blood averages, in dilute glycerine, 1-14000 inch; in 80 per cent. alcohol, 1-18000 inch. Dr. Curtman regrets that another prop is thus taken from the value of circumstantial evidence; for even if stains should be fully identified as derived from human blood, the accused may plead that they were due to the agency of insects. Later experiments prove that bed-bugs digest human blood far more readily than the mosquito, after twelve hours no trace of human blood being discovered. Verily, the criminal should dwell in the land of the mosquito. We suggest the wide pub-



lication of these investigations for the benefit of the public, criminal lawyers in particular.—*J. B. M., in London Medical Herald.*

THE *Southern Clinic* is responsible for this one: "Some time since a young lady of Richmond, Va., by some strange fatality stumbled upon the word *gonorrhœa*. She innocently asked the family physician its meaning. He told her that it was the technical name for headache! Being visited by a medical student regularly, who seemed very much pleased with her, she, doubtless to show her aptitude at medical technicalities (when at his next meeting he asked after her health), informed him that she had had a 'slight gonorrhœa for the last four or five days!' He never came again, and she wonders why?"

SURGICAL TREATMENT OF EPISTAXIS.—Thurston depends upon the well-known fact that liquid injected into one nostril returns by the other, and in cases of epistaxis introduces the nozzle of a syringe into the nostril not bleeding, and holds it firmly. A stream of cold water thrown in thus washes out all of the clots from the bleeding nostril, and often arrests the bleeding. If not efficient for this purpose, he uses a dilute solution of perchloride of iron.—*British Medical Journal.*

THE following are the officers of the American Gynæcological Society for the present year: President, Dr. W. H. Byford, of Chicago; Vice Presidents, Dr. T. A. Reamy, of Cincinnati, Dr. H. F. Campbell, of Augusta, Ga.; Secretary, Dr. P. F. Munde, of New York; Council, Dr. A. H. Smith, of Philadelphia, Dr. J. C. Reaves, of Dayton, Ohio, Dr. J. D. Lyman, Boston, and Dr. J. T. Johnson, of Washington, D. C.

## CORRESPONDENCE.

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WE present our readers the following interesting extract from a long letter written for the MEDICAL AND SURGICAL REPORTER by young Dr. Townsend, formerly of this city, but now of San Francisco. Come again, Doctor; our latch-string is always out:

1310 GREEN ST., SAN FRANCISCO, Nov., 1880.

DEAR REPORTER: The first idea of a stranger visiting here is that the people are fast, the country is fast; and it is correct. The climate itself may be said to be fast. It certainly is very exciting; under its influence the people are quick-tempered, combative and energetic. It is a constant wear and tear on the vital forces; yet the recuperative power is tremendous. Gray hair comes early, yet old, very old age, is common. The climate is, and must be, healthy. The thermometer hardly ever gets above 90 or below about 60. Snow is unknown on the peninsula of San Francisco, and ice almost unknown. Ocean winds blow every afternoon, from April to November, and the city is ventilated every day by them in the most effectual manner. Nothing can be more conducive to the public health; at the same time, they are a little inconvenient in the way of dust. Another peculiarity I find, too, is that there is no thunder and lightning. This is very strange, and it is strange also that it is not mentioned more than it is. There is not a lightning rod in the city of 300,000 people, and I don't suppose there is within fifty miles of the city. Rains will commence soon, or ought to, and will continue three or four months. With the rains, vegetation will start immediately; grass grows in December very nicely; the earth is very green at that time. As you are aware, the city is located on a peninsula, with the ocean on one side, the bay on the other. In the harbor you will see at any time perhaps a hundred ships from all parts of the world; there is ample room, however, to float the combined shipping of all the nations in the world. San Francisco

must have a grand future before it. Even now the people talk of a million in ten years, and of two or three millions in twenty or thirty years. Indeed, it is hard to predict the come-out of such a place.

Oakland, just across the bay, six miles wide, has a population of near 30,000. It is prettily situated, and will make a splendid place in time. The climate varies from that of San Francisco, in that it is hotter and colder. Last winter the ice froze three or four inches thick. In summer the mercury stands for days and weeks at 85 or 90. In the interior, in the valleys, the summers are extremely hot.

My trip across the plains, as it is called, was pleasant enough. The country along the line of route is not very impressive; in fact, the less said about it the better for it. In general, except for the railroad, it is not habitable for any considerable number of people. It is rocky and sandy and sandy and rocky by turns, as well as level and mountainous and mountainous and level by turns. A more sterile and barren stretch of 1,500 miles is not to be found, as I believe, anywhere else in the world. A great deal of it is desolation itself, while the rest may be said in the main to be incapable of any good. It is well that there is a coast country—otherwise I think civilization must have stopped east of the Rocky Mountains.

Apologizing for the long, rambling character of this, I am

Yours Truly,

ED. DONELAN TOWNSEND.

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## About Doctors.

### *Editor Reporter:*

DEAR SIR:—A friend of mine, not long ago, mailed me a paper containing an article copied from the *New York Independent*, headed as above. Said article was scored with blue and red pencil marks, doubtless to doubly call my attention to it. It was for the respect I entertained for his high professional standing that I carefully read the article referred to, and I am now satisfied that there are some things in it that are erroneous and calculated to lead to wrong conclusions in an inquiry touching the interest of public health, and the increase of sanitary knowledge as promoted by American methods, American medical education and American scientists. It is for this reason that I would like to make a brief but courteous review of said article.

We are told that our plans are quite in contrast with those of most countries. Abroad the physician is recognized as having such close and

vital relations to human health that it is the care of the State to provide safeguards which shall to no small degree assure his competency. Then, after reviewing the student's course of instruction and the requirements for the doctorate, we are told that the German Empire has twenty-three universities which confer the medical degree, France six, and Great Britain nineteen. With no greater population than these, we have 106. Germany graduates 600, France 800, Great Britain 1,700, while we have 3,000. The conclusion is very singularly reached, by this writer, through these figures, that, because America has more medical schools and more graduates than any of these countries in proportion to her population, she must have more ignorance, and less interest in those whose business it is to look to and take care of the public health. These sentiments are too generally concurred in by American physicians. I heard a very reputable one not long since remark, "I scarcely ever buy an American book." I am proud of American medical authors and think them equal to those of any country in the world. I am not of the opinion either that the establishment of many schools in this free country is detrimental to the dissemination of useful information in sanitary science, medicine or any other department of human knowledge. Though it is shown that Europe has fewer schools than we have, is it proven thus that as the number of colleges in a country is diminished the intellectual progress of its people is enhanced? or shall it be taken for granted, because there are comparatively but few graduated in some European countries, that they superintend the public health better there than it is done in our country? We think not. We believe we are making rapid progress as a nation and as a profession, keeping pace with the most enlightened nations of earth, and, in the utilitarian idea, far excelling them, as the World's Expositions abundantly attest. We believe the writer of the article referred to is altogether too sweeping and universal when he asserts that the professors of American medical colleges are a joint stock jobbing corporation, whose highest ambition is "much money and cheap education;" that they have a direct pecuniary interest in the number of students and graduates, and that they have very imperfect and "diverse views as to what is necessary to make a doctor." The mention of such names as Geo. B. Wood, Alfred Stille, William Pepper, S. D. Gross, Hodge, Draper, Hammond, Roosa, Pallen, Hodges, Flint, Dalton, Condie, Lewis Smith, Fordice Barker, Thomas, Sayer, Loomis, Van Buren, Yandell, Hamilton and Dunglison, illustrious professors connected with American medical education, is amply sufficient to convince the enlightened physicians of this country that they are honorable, and that they understand pretty well what it takes to make a good doctor. The writer, from the position he has assumed, states: "It is therefore high time that the people understand that the possession of a medical diploma from a reputable medical college is no warrant that its possessor is ready to practice." He alludes here to American institutions, and excepts Harvard Medical College and the University of Pennsylvania as not belonging to the joint stock cheap educational kind, but "have broken loose from the copartnership and now educate medical students in such a way that most of those who graduate deserve to do so." The balance are cheap and not responsible. There is such a partiality shown here for Harvard and the University of Pennsylvania, that the writer is justly exposed to the suspicion of being especially employed to write up these institutions and to write down other schools. We are gravely told that there are no lectures delivered in any American college, except the two mentioned above, on Hygiene, and that its general principles are only imperfectly alluded to, while abroad sanitary science is taught with all the precision of a department. The consequence is that American physicians have but little more than a smattering as to it. We see in this, I am sorry to say, a disposition to underrate all that is American and to praise the aristocratic tendencies of some of our people to go abroad for respectability. I am well satisfied that sanitation is as accurately taught in American schools as in any in the world, and by as able men as ever taught. He further, to corroborate his position, says that the President of

the last American Medical Association deplored the low grade of instructional requirements, except in the two colleges alluded to, and then propounds the question, "What is to be done towards enlightening the tens of thousands now engaged in the practice of medicine all over the land who have received no such instructions?" His answer, "Issue an address to the physicians and the public." Does this writer suppose that one address would do more for education and health than the lectures and instructions given in the 106 medical colleges scattered throughout the States? or how can he or any one else harmonize this language of his with the low estimate he puts on American knowledge? "In the last twenty-five years medicine has stepped forth into the arena of a definite science." "We now can know how, both by prevention and cure, to save human lives as never before." I believe that America is doing more to foster and encourage sanitary knowledge than any country in Europe, because she has more schools, more professors and more graduates that are alive and Americanized than any country in the world.

F. A. SIMMONS, M. D.

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## THE PEN.

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WE selected from *Leonard's Illustrated Medical Journal* for October, and inserted in the *REPORTER* for November, what purported to be a biographical sketch of Prof. John T. Hodgen, of St. Louis, President of the American Medical Association. While we did not *just* like the appearance of the work from which we selected, we supposed, of course, that the statements made in the "sketch" were authentic—that they had been obtained from some source worthy of credence. In this supposition we were, however, mistaken, as we have since learned that the *truths* contained in the article are the *exceptions*, and not the *rule*. For instance: Dr. Hodgen was *not* born in Pike County, Illinois; his early years were *not* spent at the carpenter's bench, nor have any of his days been so spent; he did *not* commence the study of medicine in 1845; he did *not* graduate at the St. Louis Medical College; the St. Louis Medical College was *never* known as the "McDowell Medical College;" *nor* did he graduate in 1849!

We admire *enterprise*; but when it manifests as little regard for *facts* as is evinced in Leonard's "sketch," we shall be rather "few" in complimenting it with a republication in the future.

DR. J. MARION SIMS.—We have always entertained a very exalted respect for Dr. Sims, and have watched with deep interest his progress from "Silver Sutures in Surgery," a small and unpretentious work of a quarter of a century ago, until now, when he has reached the very acme of name and reputation. We think he has always merited every meed of praise that the profession has awarded him, and we think that he has lately again placed the whole profession in a position to appreciate afresh his nobility of nature. We refer to the broad and liberal views advocated by him in regard to the future management of the American Gynæcological Society. In his address to that body, at its late meeting at Cincinnati, it is shown that he cannot tolerate, in the smallest degree, any cliquish restrictions, and, we think, gives that somewhat "exclusive" organization some much needed and wholesome advice.

At the recent meeting in Cincinnati, Dr. Wm. H. Beyford, of Chicago, was elected President of the American Gynæcological Society for the present year. The next meeting of the society will be held in New York on the third Wednesday in September, 1881. A proposition to amend the laws of the society, so that it may consist of one hundred members, will then be acted upon. Its membership now consists of forty-nine, the limit being sixty. Quite a number of the leading gynæcologists of the United States have been black-balled upon application, owing to the stringency of their laws in relation to admitting new members. Dr. Sims has "set down" upon these aristocratic usages.

BROTHER BRYCE of the *Southern Clinic*, Brother Jonathan Jones of the *Arkansas Medical Monthly*, and the St. Joseph MEDICAL AND SURGICAL REPORTER, all seem to have a "job" on hand;—the two former in watching the devious methods of the brethren in their own states, while the latter has been mainly concerned in preaching rectitude to its cousins in Kansas. Some of our less favored eastern cotemporaries have been selfish enough to envy us. Have they not had "neurasthenia," and "sure sign of pregnancy," and Tanner

and Chian Turpentine and Buchanan and lacerated cervix and "three termism an"—the hogs !

DR. HUNTER McGUIRE was elected President of the Virginia State Medical Society, at its recent meeting at Danville, in that state.

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## EDITOR'S DRAWER.

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NOTES on journals and monographs received during the current month :

The first number of the "*Medico-Chirurgical Quarterly*," Jno. Butter, M. D., editor and publisher, is received. We have no sympathy with the plan upon which it starts out, and therefore cannot say much in its favor. We think the medical profession likes something *positive*, and will not, as a general proposition, patronize "milk and water" literature.

St. Louis *Clinical Record*, Wm. B. Hazard, M. D., editor. This is a monthly publication, well edited, and very well gotten up generally. It has reached its 80th issue, and therefore it is likely to survive indefinitely. Long may it flourish.

The Louisville *Medical News*—the "Detroit *Free Press-Burlington Hawkeye*-Little Rock *Gazette*" of *Medicine*, is also received. *All* the funny things, and much of the good sense of American periodical medicine, comes from this journal. Drs. R. O. Cowling and L. P. Yandell are the editors.

Louisville *Medical Herald*, Dudley Reynolds, M. D., editor.

Dr. E. Cross has become associate with Dr. Jones in the editorial conduct of the *Arkansas Medical Monthly*.

The *Medical Summary* comes to us from the wilds of Pennsylvania. This publication seems to be devoted more to advertising than to medicine.

Our old favorite—"Gaillard's Medical Journal"—formerly the Richmond *Medical Journal*—more recently the Richmond and Louisville *Medical Journal*, has been placed upon our exchange list. It is now published in New York, Dr. Gaillard having lately taken up his residence in that city. The *Journal* continues, as of old, to be one of the leading medical periodicals published in this country. We wish Dr. Gaillard the success he so justly merits. He is our type of medical editor—not afraid to state *facts*, no difference whose fingers get pinched.

The *Virginia Medical Monthly*, another product of the exuberant (medical) soil of the "Old Dominion," comes to us. We thank Brother Edwards for his neat and well made publication; it will always be welcomed to our sanctum.

We received by mail a copy each of *Walsh's Physician's Combined Call-Book and Tablet* and *Handy Ledger*. These are excellent works for young men just starting in professional life, being so systematically arranged as to save much time and labor in keeping current accounts, and also in keeping records of calls and cases. Men who have been long in professional labor will not, however, be likely to abandon old methods and inaugurate the new. Dr. Walsh's address is Washington, D. C.

Last, but not least, comes the *Rocky Mountain Medical Review*. We are charmed with the elegant style and intrinsic value of this new journal. It is typical of Western idea and enterprise, and we think its editors, contributors and patrons all have reason to be proud. In it we note the name of Dr. H. A. Lemen, a name with which we were familiar years ago, but of which we had lost all knowledge. We were students together and graduates in the same class. Dr. Lemen then gave great promise for eminence in the profession, and we are no way surprised to learn that he occupies a place in the front rank in the new "Mountain State."

*Ohio Medical and Surgical Review*: Drs. Henry G. Cornwell and M. S. Clark, editors,—Youngstown, Ohio. This is a very readable publication—six numbers to the year, price \$1. Send it along; we are always pleased with new journals.



THE following monographs are on our table:

Constitution and By-Laws of the South Kansas Medical Society.

"The Dangers Incident to the Simplest Uterine Manipulations."

"Time of Conception and Duration of Pregnancy."

"Treatment of Post Partum Hemorrhage."

The three preceding papers are from the pen of that close student and prolific writer, Dr. Geo. J. Engelman, of St. Louis. The first of these papers, a reprint from the Transactions of the State Society, we called attention to in a former number of the REPORTER. We think that there has not, during the year, appeared in journal literature, a paper of more real value. Every one who has the care of female health in his hands should read it.

Twelfth Annual Report of the Board of Managers of the Philadelphia "Orthopædic Hospital and Infirmary for Nervous Diseases" is received, for which we are indebted to the resident physician, Dr. Norman H. Chapman.

Malaria and its Effects: A monograph of thirty-two pages, price fifty cents; by Dr. J. W. Younge, Forte Wayne, Ind.

"DAVIS' POWDER" vs. DOVERS' POWDER.—Dr. J. Trueman Davis, of Fisherville, Ky., sends us the following formula for what he terms improved Dovers' Powder—first used by him in October, 1879:

R Pulv. Opii.....	
Pulv. Ipecacuanha, a a.....	3 i.
Pulv. Camphoræ.....	3 ii.
Potassa Bromidi.....	3 i.
Mix.	
Ft. Pulv.	
Sig.: Dose same as Pulv. Dov.	

A WAGER.—We will wager our left ear (our poorest one) that "Prof. John Clay," of "Birmingham, Allan House, 138 and 139 Steelhouse Lane," and his "Chian Turpentine" are humbugs! *Dec. 1st, 1880.*

WHAT in the de'il is the matter with the medical journals and "Dr. J. H. Egan, of Pulaski, Tenn.," any how?

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The pill form is very eligible, besides insuring exactness of dose.

### **Sanguis Bovinus Exsiccatus.**

In this preparation of blood we have a true food, the albumen being entirely retained. In this respect it differs from the various beef extracts, beef essences, etc., in the market. These preparations are, from the very methods of their manufacture, entirely deprived of albumen, the true nutritive principle of beef, and are thus not foods in any proper sense of the word.

Sanguis bovinus exsiccatus is blood deprived of nothing but its water and fibrin, which latter is naturally small in quantity and practically of no nutritive value.

### **Liquor Ergotæ Purificatus.**

This form of ergot is of constant strength. In its preparation only the active principles of the drug are retained, all inert and noxious ingredients being removed. As these active principles are assayed, the liquor contains them in constant and definite proportions, and thus is obviated the uncertainty of strength due to variability in the quality of the sample of the drug employed. Liquor ergotæ purificatus is as constant in its strength as morphia, quinia, or any of the alkaloids of vegetable drugs.

### **CASCARA CORDIAL.**

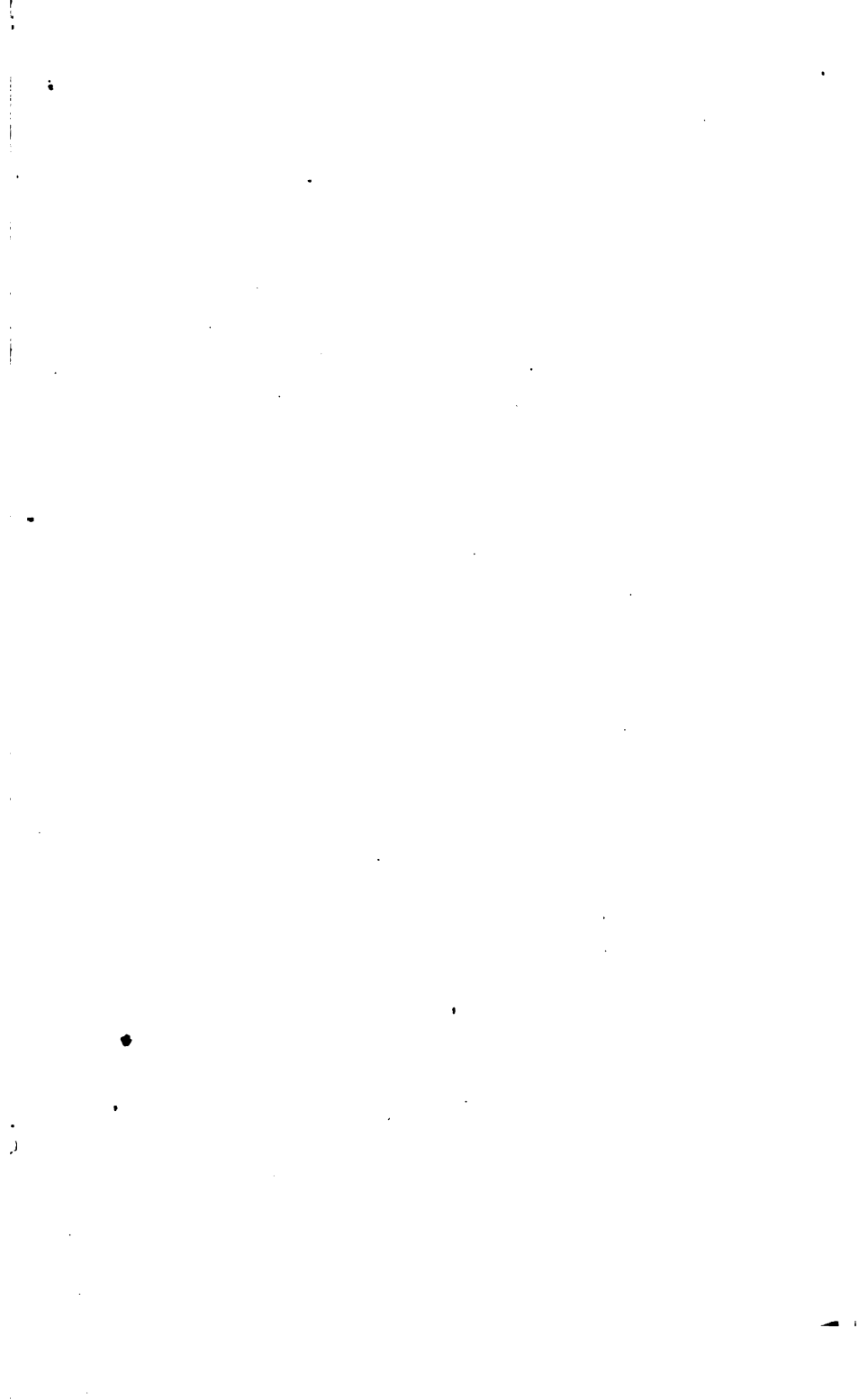
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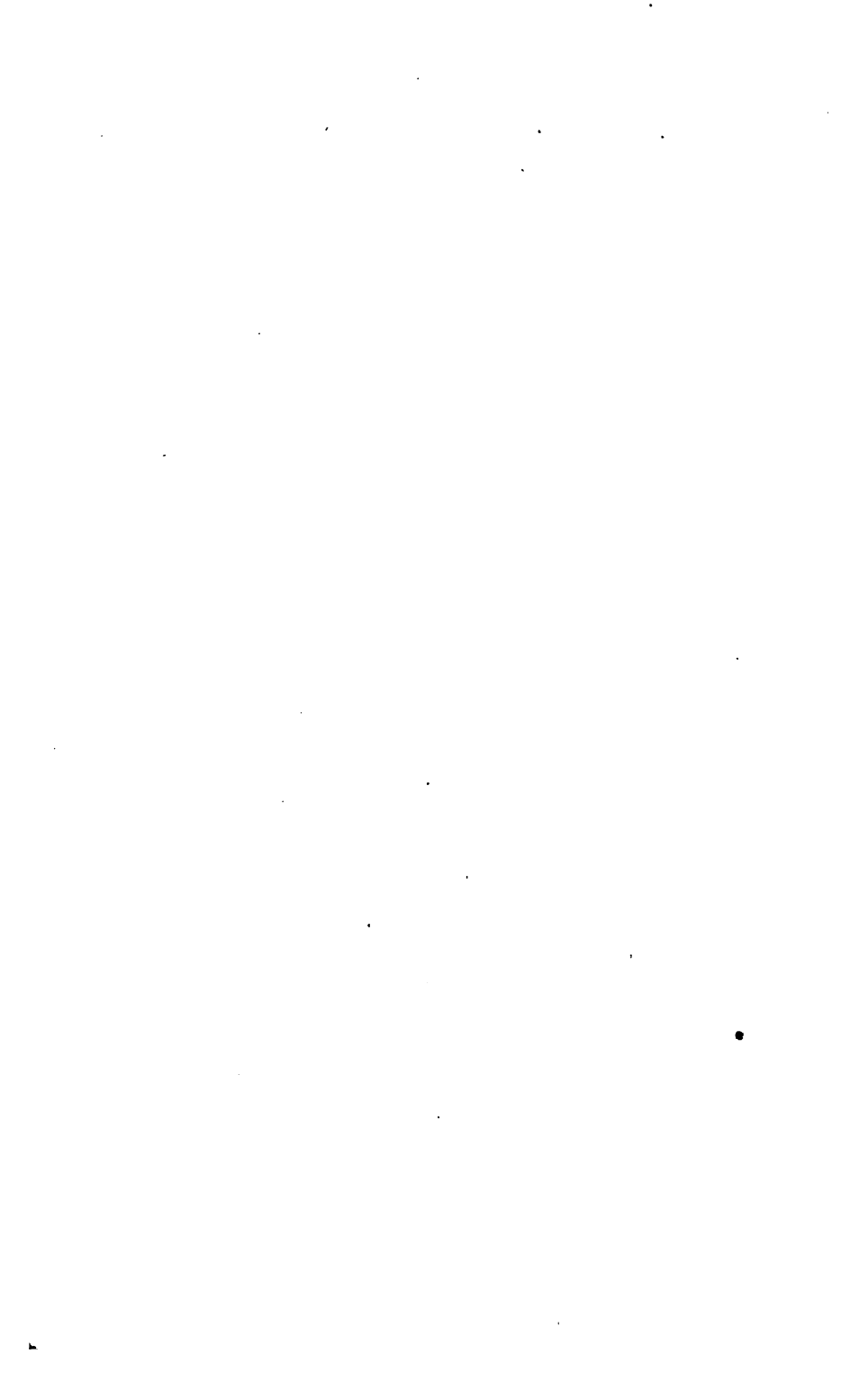
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